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A Monthly Journal Devoted to Accuracy in Therapeutics, with practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

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ADDRESS

THE ALKALOIDAL CLINIC,
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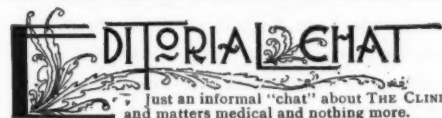
OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE.

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Watch your date of expiration on outside of wrapper. Pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about **THE CLINIC** and matters medical and nothing more.

GET YOUR TICKETS FOR DENVER.

There are two duties our readers can fulfil by joining the **CLINIC** party to Denver. One is to the American Medical Association, which, as the representative of the entire American medical profession, de-

serves the allegiance of every individual holding the degree of M. D. The constitution of this body is democratic, its management is popular, and no Western physician should ever forget how this great society broke away from the attempted domination of the clique of Eastern ringsters who attempted to monopolize its honors, and asserted its independence. The meeting in Denver promises to be a memorable one. Months in advance the citizens of that lovely city began their preparations to welcome the visiting physicians to their home above the clouds. It is an occasion one cannot afford to miss.

The other duty is the one the doctor owes to himself. I mean you, Doctor, not your neighbor. You have been working hard all winter, for a lot of not very appreciative patients. Your wife has had to put up with annoyances and discomforts that nobody but a doctor's wife can describe. You have both earned a vacation and your patients ought for their own sake to see that you get it. You will come back so much refreshed and with so many new ideas in your head that they will be greatly the gainers by your trip.

We have not yet received the figures from the railroad, but it has been intimated that the fare from Chicago will be \$41.50 for the round trip, including sleeping cars both ways.

One word: Both the **CLINIC's** editors are men who believe in getting all the fun there is going, but they are not drinking men. If you expect to make a "spree" of this trip, go in some other outfit; but if you want to have just as jolly a time as human beings can rationally enjoy, bring your wife and come with us.

STATISTICS.

Much edification comes from studying the bulletins of Health Bureaus like that of Chicago. February saw 2,023 deaths, out of a population officially determined by city ordinance to be a million and three quarters. Pneumonia claimed 296 victims, the tubercle bacillus ate out the lungs of 215, bronchitis gathered in 139 and influenza put out the flickering light of 94.

And what would you believe the fifth in the list of executioners? The much-dreaded diphtheria (64), or the celebrated Chicago brand of typhoid (32), convulsions (67), apoplexy (51), or other brain diseases of our brainy citizens (56), or affections of their big hearts, their hardly used stomachs, or the kidneys? Even our surgeons only attributed 12 deaths to shock. But above all these we find that most shocking, most hopeless of maladies, cancer. To this is attributed 75 deaths. And who can estimate the suffering endured by its victims before they are worn out!

We also find the following report upon diphtheria: 203 suspected cases were examined bacteriologically, of which 62 proved to be true diphtheria; 61 were treated by antitoxin, of whom 54 recovered, a mortality of 11.4 per cent. In addition, 69 exposed persons were treated, none of whom contracted diphtheria.

The department made 2,449 chemic analyses, including 2,313 of milk and cream, and 88 of city water; also 302 bacteriologic examinations, including 111 of diphtheria and typhoid, 88 of city water, and 103 of meat, vaccine, etc.

The Bureau of Sanitary Inspection reported 4,496 items of duties attended to, embracing all the forms of sanitary work.

The mean barometer has been 30.10, temperature 28°, (varying from 8 to 60), humidity 85, precipitation 2.50, or .33 above normal. The Chicago breezes only blew 13,039 miles, not quite 500 miles a

day, and generally from the south. Finally, we had even in this winter month 49 per cent of possible sunshine.

And still we find fault.

NATURE'S LAWS.

No medicine, no alteration of the diet, will completely compensate for the violation of the laws of nature. Sooner or later she will have her rights, and exact the penalty for transgressions of her statutes, to the uttermost farthing. To every human being a certain amount of physical exercise is necessary; to men of robust frame and big muscles a good deal, to men of delicate build and slender muscle only a little. But, big or little, that due amount of muscular labor is necessary for their continuance in a state of health, or their prospects of long life. If a man's lot is cast in a sedentary occupation, he may partially compensate for his physical idleness by eating sparingly of nitrogenous food; but if he carries this too far his mental energies will flag, his blood will lose its iron, his tissues part with their lime. Failure of digestion and assimilation occur, and in the course of time the evidences of decay will appear in the weakest spots, and locomotor ataxia, paresis, Addison's disease, nephritis or other chronic affections of obscure etiology will make their appearance.

If he does not diet, but continues to consume his full allowance of nitrogen, uricemia, plethora, hypertrophy of the heart, torpidity of the liver, auto-toxemia, atheroma, and other ailments wait to pounce upon him.

There is no possible substitute for hygienic living. To whatever extent the Creator has endowed each individual with muscular tissue, to that extent the individual must work with his muscle, or suffer the consequences.

And how about the women? I noticed a bevy of school-girls today; in their

early teens, young cadets, candidates for matrimony and maternity. What a lot! Weak ankles, curved spines, flat chests, wasp waists, evidences of calcic deficiency in their frames, of ferric scarcity in their pallid faces, of constipation and auto-toxemia in their pasty complexions and unwholesome, blotched and pimply skins, thin hair and muddy complexions. Ill-clad, their clothes interfere with healthy activity; the skirts drag at their waist, pulling the pelvic viscera downwards; the shoes too tight and too thin, and run down at the heel; ill-taught, their heads full of a lot of nonsensical, useless stuff miscalled an education, but containing scarcely anything that would teach them to know themselves, their mental or physical needs, or the care of the future husband, home or children.

No wonder every woman has her doctor; or that you cannot hear two married women talk five minutes without one or both lugging in her ailments.

When children "play hookey" and go fishing, the switch should be generously applied—to their parents and teachers.

When children steal apples, the parents should be arrested for violation of hygienic law.

Every school should be placed^a under the control of a medical director, who should have an additional degree, that of Doctor of Hygiene.

HOUSE CLEANING.

When the good wife begins to show symptoms of that mild form of insanity known as house-cleaning, do not aggravate her by useless opposition. Make up your mind that you are to take your meals off the mantelpiece or some other immovable object. As to the composition of the meals, the less said the better. Let the malady have full sway. Either keep out of sight altogether, or, still better, chime in with her aberration by doing a little cleaning up on

your own account. Clean out the well; clear away muck from stable-yard and cellar; remove manure and night-soil to the fields where it is needed; and apply the benzine can and the torch to every spot that could serve as a nidus for the disease-germs that may be warmed into virulence by the summer sun. I must confess that a doctor never seems to me to be a man to be trusted who leaves his premises littered with trash, his house bare and unadorned by the green things that would lovingly hide its ugliness if allowed a chance, and strides unseeing over filth and rubbish that contain toxic possibilities far exceeding in potency his little pills and powders. Open your eyes to the beauty and to the ugliness about you.

DR. JOHN WERTZ.

The CLINIC family has lost a valued brother by the death of Dr. John Wertz of Winfield, Iowa. Dr. Wertz graduated in 1864, from the College of Physicians and Surgeons, Keokuk, Iowa. He was a well-read, thoughtful and progressive man, and possessed in an unusual degree the confidence and esteem of the community in which he practised. He loved his profession, and was always eager for improvements, never believing a thing good enough if better were to be had.

WATER.

Many are the testimonies given to the virtues of mineral waters. Far be it from us to impugn the veracity or the motives of the distinguished citizens, lawgivers, divines and physicians, who out of pure gratitude unmixed with baser matter pen these tributes. We believe they are all true; and that cancers are cured by the Eureka Springs, diabetes relieved by Bethesda, hepatic torpor dissipated by Bedford, and urinary calculi simply "git up and git" when lithia water is flooded over them; while as for the gonococcus, when he

sees the Arkansas Lithia water pointed in his direction, he cries out like Crockett's coon: "Don't shoot Colonel, I'll come down!"

Nor is this all the story. In fact, it is hardly a beginning; for water is a mighty solvent, and its powers in melting down and washing away morbid materials from the human body would be considered marvelous, were the fluid only controlled and advertised by a foreign chemical house and sold at a dollar an ounce. It is suggested that there are other ingredients in the product of these springs besides water, and this is true; but they rarely spoil the taste of the water or interfere much with its remedial action, so that they may usually be disregarded. Those who are accustomed to the taste even grow fond of it. A gentleman who had for years procured Bedford water in barrels made a strong kick when the managers sent it out in bottles. When informed that it was because the wood spoiled the water, he replied that he knew it tasted like bilgewater but that was just what he wanted, and he would have that or nothing. He got his bilgewater.

Many of the springs, however, are not properly protected, so that the water is contaminated with surface drainage, carrying organic matter into the spring. Some of the most popular waters in America are producers of far more diseases than they ever cure. Indeed, Cyrus Edson said once that there was not a spring or well in America whose water was fit to drink. This was a mistake; for the writer has visited at least one spring that was so protected as to absolutely prevent any possible contamination. This was the Polsko Spring at Poland, Maine, belonging to Mr. H. K. Wampole, of Philadelphia.

Why is it that doctors, who know these things, do not prepare their own mineral waters for selves and patients? With the ordinary alkaline, saline laxative and chloride salts, nine tenths of the natural waters

can be replaced by preparations better than the original, at a fraction of the cost. And the best basis is undoubtedly pure, distilled water. The CLINIC office is furnished with a Kelley still, and obtains from it absolutely pure water at a nominal cost. This is better than any filter; for even if really efficient, the filter soon becomes alive with the germs it removes and in itself a source of danger. And how many filters will really separate bacilli and cocci?

SCIENTIFIC MEDICATION.

Physostigma, jaborandi, opium, digitalis and hyoscyamus, are example of drugs that contain each two or more active principles which curiously antagonize each other. Many specimens of the crude drugs that are thought to be inert may simply contain the antagonistic principles in proportions so adjusted as to balance each other. If not, it depends solely upon chance as to which predominates and how much; and fresh experiment is necessary whenever a new package is obtained.

And yet they do not comprehend why we prefer the alkaloids!

INTESTINAL ANTISEPSIS.

In a prize essay just published, Dr. E. C. Bailey gives an interesting enumeration of cases amenable to treatment by internal antiseptics. The bilious attacks of the present day are not cured by a blue pill, as were those of our fathers. In their day the trouble was due to over-eating, and the cholagogue gave complete relief. Now there is a gradual intoxication, by which the tissue cells become surcharged by toxic matters, and the cathartic gives only momentary relief.

Antiseptics are indicated whenever toxic substances of whatever nature that originate in the gastro-intestinal tract are absorbed in quantities sufficient to destroy or assist in destroying the normal equilibrium

of the nutritive processes, and produces symptoms of a pathological character. Affections coming under this category are divisible into those where antiseptics is the primary remedy and those in which it is an adjuvant. Of the first there are three groups. (1) Cases presenting obvious symptoms of gastro-intestinal disorder, that suffice to account for the depression present. (2) Obscure and unusual forms of disease in which the depression is notable, but its origin less evident. The urine is scanty and the excretion of solids below the normal quantity. Here the use of antiseptics lessens the supply of toxins to the eliminative limit. (3) The third group is typified by the neurasthenic female, feeble, subject to chronic ailments of the reproductive apparatus, not much benefited by local or surgical measures unless antiseptics is also employed.

As adjuvants he finds antiseptics of value when disease compasses the death by undermining the nutrition of a vital organ; as in pneumonia, typhoid fever, etc. The cause of heart-failure lies in malnutrition. The inhibitory influence, that is the source of peril, may be enfeebled by preventing further accessions of toxins from the alimentary canal; and when life hangs trembling in the balance, the measure of relief possible to be obtained in this way may be sufficient to turn the scale in the patient's favor. For this reason antiseptics are indicated whenever danger of heart-failure is imminent, or signs of cardiac weakness appear.

Antiseptics also assist in conserving waning cardiac power by preventing undue decomposition of the fecal matter in the alimentary canal. In grave organic disease the micro-organisms multiply far more rapidly than in health, and generate more virulent poisons. Add the ptomaines of a specific agent like the typhoid bacillus, and the resulting factor is still more important. Altogether the writer makes a strong plea for the intestinal antiseptic.

THE DOCTOR'S WINDOW.

We turn aside from our accustomed routine for a moment, to say a good word for Ina Russelle Warren's book, "*The Doctor's Window*". It is a collection of poems, "by the doctor, for the doctor and about the doctor." Many of our old favorites are here, with others written expressly for this work. It is intended for the table in the waiting-room, and most admirably adapted for this purpose. The collector's good judgment is evident, and the publisher, Charles Welles Moulton, of Buffalo, has worthily equipped the work in typography, paper and binding. The writer could not lay the book down till he had finished it; and it is a rare one that receives such treatment from a reviewer.

CUBA.

It may be that the course of events may in the near future determine some of our readers to take a journey to the island of Cuba. The pernicious effect of tropical climates is much exaggerated. There are but few rules to be obeyed by strangers visiting such localities, and these are not difficult to recollect and act upon.

The first one is that the diet must be suited to the country. Meats do not keep well, and the diet should be largely of fruits and vegetables. The cause of "tropical liver" is not the sun's heat as much as over-indulgence in rich food and alcohol. Avoid these and the liver will take care of itself.

Excessive exercise, especially in the hot sun, is also to be avoided. Natives learn to be politic in this regard, and earn an undeserved reputation as being lazy; but after a sunstroke or two the Northern immigrant falls into their ways and finds that if he expects to hustle like a Chicagoan he must have Chicago's bracing atmosphere to do it in.

The water of tropical places is with few exceptions execrable. It is best to stick to tea or coffee, or at any rate to drink only

boiled or distilled water. The infusoria of such water may not be harmful to the native who is seasoned to it, but deadly to the unprotected stranger.

The night is the time when disease-engendering organisms prowl about seeking their prey. The visitor should keep under cover when the sun has set; and whenever he has the choice, should sleep as near the top of the house as he can get. If he can obtain lodgings on the hills, he should by all means do so.

Excesses of all sorts, working, eating, drinking and venereal, predispose to the tropical diseases.

Perhaps the greatest danger lurks in the blackeyes of the mantilla-clad senorita. Shun her as you would any other pestilence. She is doubtless very attractive, but she is not worth a Spanish dagger inserted under the fifth rib.

It is remarkable, how many of the casualties to strangers everywhere occur in saloons. The inference seems to be that if the victims had avoided such places their days would have been longer.

These simple hints are yet amply sufficient; so that a man may by attention to them reside in any tropical city without fearing the affections peculiar to the heated zone. Malaria has not been mentioned because it is not peculiar to the tropics, and the rules for its avoidance are the same there as elsewhere. But it may not be amiss to remark that quinidia is a better prophylactic than quinine, and that three grains a day are sufficient to protect one.

STUDIES IN HEREDITY.

Breeders of horses say that they would not select the foal of a great racing mare, because the training necessary to develop her speed makes against her qualities as a dam. But they would seek for the foal of the racer's full sister, as being most apt to inherit the qualities that make the aunt noted. It would be a pretty study to show

whether the nephews of illustrious men do not inherit their great qualities, since it is well understood that their sons rarely do so. And the reason for this also is similar to that which obtains in relation to the horses; the expenditure of vitality and the concentration of the powers that are requisite to the winning of distinguished success, are not calculated to render a man well fitted to become the sire of a vigorous race.

PRACTICAL THERAPEUTICS.

We have before us the first number of a publication by the above title, issued by H. K. Mulford Co., the chemical firm. It is quite a readable little journal, and is sent free to those who apply for it.

Physicians who desire to serve in the U. S. Navy Medical Corps should write to the Surgeon General for a schedule of the requirements at the examination. A little furbishing up of the armor does no harm; and in the hurry of actual practice there is a good deal that gets rusty.

PROTONUCLEIN.

Mr. Carnrick has made an important improvement in the manufacture of Protonuclein. Finding a lack of uniformity in the product, pains were taken to ascertain the reason for this. It was found that a temperature above 103 degrees injured or destroyed the therapeutical qualities of the product. This probably explains the fact that to some experimenters this form of Nuclein appeared to be inert, while others found it to possess remarkable efficacy. But we are of opinion that in most cases the fault lay in the user, who did not discriminate as to the cases to be treated by Protonuclein, or did not employ the modern scientific methods to measure its effect.

Mr. Carnrick has devised such apparatus as insures the subsequent supply of Protonuclein against an excess of heat in its preparation, so that it will be found of full and uniform efficacy.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of *THE CLINIC*, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

THE ELECTRICAL TREATMENT OF SPERMATORRHEA.

By C. S. Neiswanger.

Professor of Electro-Physics, Post Graduate Medical School; Professor of Electro-Therapeutics, Illinois Medical College, etc.

IF every man who consults the physician for the relief of spermatorrhea really had the disease, it would certainly be the most common ailment in the medical vocabulary. But the symptom which, to the patient, seems the most important element in the case—the unnatural loss of semen—is in reality not the one to which the physician should direct his attention so much as to the mental depression and anxiety which of itself is undoubtedly a symptom of central nervous impairment. If these patients could be made to understand that the seminal fluid is in no sense intrinsically a vital fluid like the blood and that its loss is not very debilitating, very little else would be necessary to establish a cure; but the powerfully depressing mental effect which this objective symptom produces is the most potent factor of the disease. The consumptive is often cheerful and hopeful to the last, because the lungs do not exert the same influence over the brain as do the organs entirely dependent upon the central nervous system, but let a man have an involuntary

emission, be it from a habit of excessive secretion or otherwise, and a morbid impression is produced which cannot be laid aside for an instant.

As Sawyer aptly puts it: "When the spine and sympathetic have been overdrawn by excess, or when they have been

depressed for years by morbid urethral and prostatic impressions, they poorly innervate or vitalize the external parts, and sexual impairment—debility or exhaustion—results. Thus the spine is the ultimate organ of sexual life and the great objective point in the scientific treatment of this symptom, and thus impotence is pre-eminently a nervous disorder."



C. S. NEISWANGER.

For a long time I have had reasons to doubt the usual methods of treatment of spermatorrhea; and much enlarged experience has, from my own mind, removed all doubt whatever upon the point and produced a settled conviction that electricity, properly applied, exerts a more powerful influence upon this trouble than any other therapeutic agent; and, as is the

case with any medicinal agent employed, our conclusions must depend chiefly upon the therapeutic results of the mode of treatment. On this point the evidence is satisfactory although gathered from a small number of cases.

While recording a new, and (what appears to the writer) more rational, technique for the treatment of a serious ailment, it is not intended to convey the impression that the previously expressed opinions of eminent writers are erroneous. Every advance in our acuteness of perception will show us something new; but the old and first discerned thing will still be there, not falsified, only "modified and enriched by the new perceptions."

The electrical treatment of spermatorrhea recommended by Robinson, in the International System of Electro-therapeutics, has appeared to the writer to be irrational, in view of the fact that the disease is functional in character and dependent upon an atony and relaxation of the ejaculatory ducts and seminal vesicles; and that the application of the negative pole of a galvanic current in the prostatic urethra, as recommended by the above authority, must only tend to aggravate the trouble by producing a more patulous condition of the parts, which an application of the negative pole always does; besides, the current recommended (3 ma.) is not sufficient energy to cause the decided trophic changes which are so essential for the improvement of the trouble. If our present pathology of the lesion is correct, anelectrotonos is certainly indicated, and a few applications will convince the most skeptical of its effectiveness.

The blood-vessels supplying the affected parts remain engorged because the vasomotor nerves, which should cause the involuntary muscular bands surrounding these vessels to contract and empty themselves of their surplus, are enfeebled and their function is thereby in a measure destroyed. The positive pole of a galvanic

current being a powerful vaso-constrictor, its indication here must become apparent.

In order to produce a rapid change for the better in the treatment of this trouble it becomes necessary (1) to bring about a better tone of the ejaculatory ducts and seminal vesicles by bringing them under the influence of positive galvanism, and (2) to so influence the central nervous system that its normal relation to the parts may be established.

The writer has two methods of accomplishing the former, and as it is necessary to employ both, he uses one at each alternate sitting. The means of reaching the ejaculatory ducts cannot be employed with equal advantage in treating the seminal vesicles, as the latter are situated deep in the pelvis and behind the bladder; therefore at one seance he uses on the negative pole a cup electrode containing a weak solution of borax, in which the scrotum is immersed, while a bulb of pure copper 2 cm. in diameter and 3 1-3 cm. long (Fig. 1) is attached to the positive pole



FIG. 1.

and introduced into the rectum. A current of 8 ma. is allowed to flow for ten minutes. At the next seance, which should be given the second day after, a large abdominal pad is substituted for the scrotal cup, using a current strength of 10 to 12 ma. for ten minutes.

To prevent erosions and the sticking of the metal to the rectal walls, it is necessary that the metal portion of the electrode (Fig. 1) be smoothly covered with chamois leather or animal membrane. As this covering is made more sterile at each sitting by the deposition of the oxychloride of copper, it is not necessary to change it for each application; therefore it can be sewed on just as the cover on a ball.

The best means of restoring the nervous

system to its normal condition is by static electricity. Positive static insulation alone will do more to correct central nervous impairment than any other means; and as the most permanent relief in this class of cases must come in caring for the nervous system, the local (galvanic) treatment must be considered largely as a palliative measure; therefore the static insulation should not be omitted, and in fact it ought to be given for twenty to twenty-five minutes each day, for while many remedies are in vogue for the purpose of lessening the penalty of spinal misuse, this current (static) must be given first place. Nature's penalties are not easily softened except by Nature's remedies.

6354 Maryland Ave.

ALKALOIDAL MEDICATION.*

By William F. Waugh, A. M., M. D.

Professor of Practice, etc., Illinois Medical College, the Chicago Summer School of Medicine.

THE present movement towards the general employment of the alkaloids in medical practice originated with a Belgian



W. F. WAUGH.

physician, Dr. Burggræve, of Ghent. He became allied with a Parisian pharmacal firm, that of Chanteaud, and the project has by them been exploited in a commercial manner. A new school of medical practice

has thus been formed, with organizations in France, Spain, Portugal and other countries.

The alkaloidal or dosimetric preparations were introduced into the United States by the agents of this French house; but our native chemists quickly took up the matter and a number of American firms now manufacture the granules of a quality and reliability fully equal to the French. The

American physicians who first turned their attention to the dosimetric system did not follow the lead of the Europeans in basing upon this therapeutic method a new school of practice, holding it to be strictly a matter for investigation within the lines of regular medicine. And yet it must be confessed that the popularity of homœopathy would never have been what it has enjoyed had it been kept in the regular fold; and dosimetry has far more in its favor to warrant the erection of a new school than had the doctrine of similars.

The fundamental principle of Burggræve's system is his view of the importance of the vaso-motor nerves in acute disease. In the state of chill we find a spasmodic condition of the cutaneous capillaries; in congestion there is a vaso-motor paresis. To relax the spasm he gives glonoin, or hyoscyamine; to restore tonicity he relies upon strychnine or digitalin; to subdue fever he adds aconitine or veratrine, and these agents aid either of the above, by equalizing the circulatory pressure throughout the body. For every vaso-motor spasm is accompanied necessarily by a corresponding paresis, every congestion by an anemia, every undue accumulation of blood or of vital force in one part by an undue scarcity of it in another. But as disease of any part is an indication of a deficiency in the vitality of the affected tissue (else how could it fail to resist the onset of disease?), the powerful influence of the general vital incitant, arsenic, or of such special vitalizers of particular tissues as sanguinarine for the respiratory tract, cantharidin for the bladder, phosphorus for the nerve tissues, etc., is utilized. To this, the fundamental idea of the Burggrævian system, are added such others as are derived from the study of pathology and of pharmacology. The importance of the condition of the alimentary canal is so fully recognized that the morning dose of saline laxative is a routine practice; and it is denominated an "intestinal lavage" and a "refreshing of

* Read at the March meeting of the college faculty.

the alimentary canal." The remarkable power of calcium sulphide as a means of combating infective processes is also a prominent feature, while the motor sedative, cicutine, is rescued from the oblivion of ordinary practice and utilized to meet its indication with the certainty that characterizes alkaloidal therapy.

In the best works on therapeutics, those of Brunton, Nothnagel, Gubler and Wood, we find the records of many studies of the action of the alkaloids. The effects of these agents have been calculated with a precision not to be obtained from the study of the uncertain galenic preparations.

This brings us to the question of the use of alkaloids in preference to the older tinctures and extracts. The uncertainty of the latter is so well known that a mere reference to it suffices. No scientific experimenter employs them; no oculist seeks to dilate the pupil with belladonna; no surgeon anesthetizes a part with coca. If we want to relieve pain promptly and certainly, we do not inject laudanum but morphine; if we desire to break up a pernicious chill, and it is a close race between death and the doctor, we inject 20 to 60 grains of quinine, instead of giving four ounces of cinchona bark on the slim chance of its being retained and the active principles absorbed in time. And in numerous other instances the use of the active principles has gradually supplanted that of the cruder forms of medication, because of the certainty of dosage, the precision of effect, the rapidity with which the former are dissolved and absorbed, and the ease with which they are administered when deprived of the inert, often objectionable, elements accompanying the active principles in the plants.

I will cite a few instances in which the active principles give us more precise effects than can be obtained from the cruder forms. Jaborandi is a most valuable agent to produce sweating, increase or restore the secretion of milk, control

sthenic erysipelas and stimulate the secretion of the tears, ear-wax, nasal and bronchial mucus, gastric and intestinal juices, and urine. All these effects are produced by an alkaloid, pilocarpine. But jaborandi also contains another alkaloid, known as jaborine, that directly antagonizes the action of pilocarpine. If jaborandi contains an excess of jaborine, it will produce precisely the contrary effects to those we look for. Hence, when there is no time for experiment to find whether our drug is going to promote secretion or dry it up, we must use pilocarpine and not jaborandi.

Hyoscyamus is used to a limited extent as a hypnotic, but is uncertain. It contains two alkaloids, hyoscyamine and hyoscine. The former is a form of atropine, causing flushing of the face, fullness of the cerebral vessels, dry mouth and throat, dilated pupils, wakefulness, fever and delirium. Hyoscine produces sleep with a rapidity and profundity that have no parallel in medicine. But no plant contains hyoscine exclusively. In all cases it is associated with atropine in such proportions that the latter overpowers the hyoscine, and the effects of the latter are impossible unless it is isolated. Here we have the most powerful hypnotic known, but unavailable unless isolated.

Physostigmine is an alkaloid obtained from the calabar bean. It stimulates the brain and the muscular fiber, paralyzes the nerve-centers of the medulla and cord, and acts locally as an anesthetic; stimulates the pulmonary termini of the vagus, causes contraction of the heart and arteries, the gastro-intestinal muscular fibers, the spleen, uterus and bladder; increases the secretion of sweat, tears, saliva and mucus, by a direct action on the secretory cells. In some conditions physostigmine, which contracts the pupil, also resembles morphine in other respects. I have completely relieved the pangs resulting from depriving morphine habitues of their accustomed

drug, by administering physostigmine. But physostigma also contains another alkaloid, calabarine, which antagonizes physostigmine through almost its entire field of action, causing convulsions resembling those of strychnine. As the proportion of the two varies, it is obvious that when physostigmine is given we can only know by trial whether it will benefit our patient or make him worse.

Digitalis contains five active principles: digitin, which is inert; digitoxin, which is a heart-depressant (Brunton) and antagonizes the others; digitalin, digitonin and digitalein, which all possess the heart- tonic, diuretic and vaso-constrictor properties of digitalis, though in different degrees. Possibly it will prove that digitalin is the best heart- tonic, digitalein the most decidedly diuretic, and digitonin the most efficient as a hemostatic; but at present the separation of these glucosides is not sufficiently accurate to permit of such nice application. But by separating the inert and sedative principles, we obtain in the union of the three remaining the most powerful heart- tonic known; one that can be administered for years (Beates) without any danger of cumulative effect, or of wearing out the susceptibility of the heart. And we must modify our former teaching, as to the ulterior influence of digitalis in promoting degeneration of the cardiac muscle by choking off the nutritive current in the coronary arteries; for it is found that this digitalin, even when given for years, in doses of gr. 1-10, actually improves the nutrition of the heart, and does not require to be used in increasing doses.

Even before the day of alkaloids Niemeyer pointed out that for a heart- tonic the tincture (containing digitalin) was the best, while for dropsy he preferred the infusion (digitalein, soluble in water). But whenever the infusion is employed it must be prepared anew, as it does not keep; and then only by trial can we be assured that the digitalis from which it was prepared

was really the second year's leaves, of the wild plant, collected when most active, properly dried and preserved, and not too old, etc., etc. All which cumbrous and antiquated procedure is unnecessary when the digitalin is employed.

Ergot is one of the drugs that is so difficult to prepare and preserve in an active condition that pharmacists who desire to show their proficiency present samples of their extract of ergot to physicians. Ergot contains two principles (Mitchell), one represented by Bonjean's watery extract, ergotin, which powerfully contracts non-striated muscular fiber, especially in the uterus and the arteries. The other, sclerotinic acid, is a powerful convulsant. Of late ergot is being urged as a remedy for some affections of the spinal centers, and it is probable that its beneficial action is due to the convulsant principle, which so strongly affects these centers. But if so, this principle should be given alone, as the contracting action of ergotin may not aid the curative effect; and when the ergotin is administered to cause uterine contractions, it is assuredly improper to give also the convulsant principle, since the occurrence of puerperal convulsions is the most dreadful accident that can befall the parturient woman. As the proportions of these two principles vary in ergot, it seems obvious that the safety of the patient, as well as the desire for therapeutic accuracy and efficiency, are subserved by the use of ergotin or sclerotinic acid, instead of the ergot itself.

Opium, in its fourteen active principles, covers the whole range of therapeutic action (Mitchell) from the purely analgesic-hypnotic powers of morphine to the purely tetanizing effects of a principle closely analogous to strychnine. As side issues we have the remarkable properties of codeine in relieving cough, of narcotine as a remedy for ague, and of apomorphine as an emetic. It is certain that a study of the other principles derivable from opium

would reveal the existence in this drug of a whole arsenal of therapeutic weapons, the discriminating selection of which would vastly increase our power of relieving or curing the sick.

If the commander of a first-class battleship should, on the first appearance of the enemy, salute him with a broadside of everything shootable, from the twelve-inch gun through the list of rapid-fire and machine guns, torpedoes, rifles, revolvers and hot-water, down to pop-guns, without regard to range, it would smack somewhat more of Chinese warfare than of modern science. It might amuse the enemy but would not hurt him much, except by a chance shot.

To Burggræve we also owe an improvement in dosage that in itself deserves our gratitude. The ordinary method of determining the proper dose in any given case is crude, unscientific, unsatisfactory and not always devoid of danger. The dosimetric method is this: The smallest efficient dose is administered, and this is repeated at intervals of from five minutes to an hour, until the physiological effects are manifest; then less frequently to keep up these effects. Glonoin, muscarin, ammonia and hydrocyanic acid, whose effects are speedily manifested but evanescent, should be very frequently repeated. The solubility of the alkaloids prevents accumulation in the stomach. By this means an overdose is impossible; all variations as to weight, sex, temperament, idiosyncrasy, etc.; are obviated, and the most effective agents in combating disease are placed safely at our disposal. All that is necessary is to tell the nurse what effect is desired, and direct her to continue the doses until that effect is procured. Most persons can be trusted to know when pain or spasm is relieved, sleep induced, or the fevered skin becomes cool. Patients readily recognize the dry mouth of atropine, and need not be told when the action of pilocarpine or apomorphine is produced.



Any objection urged against placing in the hands of ignorant persons these powerful agents, in dosimetric precision of dosage, applies still more when the same alkaloids are dispensed to the same individuals in tinctures or extracts of uncertain strength.

It has been advanced as an objection to dosimetry that the effects of the alkaloids do not correspond exactly with those of the crude drugs. This is true; and the therapeutics of each alkaloid must be studied anew, as that of morphine, codeine, quinine, atropine, pilocarpine, strychnine, and others have been studied. A new therapy has arisen for each of these, differing somewhat from that of the crude drug from which it is derived. But in every instance this new therapy makes for accuracy, for more intimate study of disease conditions and more precise fitting of remedies. And it is surely high time we quit treating diseases by name and paid more attention to disease conditions as presented in individual cases. The man who treats all cases of pneumonia, or of typhoid fever, or of pulmonary consumption, or of abscess, or of any other ailment, in the same manner, can hardly be held to be a very skillful physician. And as the alkaloidal therapy tends to make better students of disease, it is bound to prevail, as the medium of the future.

103 State St.

PREACHING AND PRACTICE.

By La Verne A. Barber, M. D.

When a doctor makes a visit
To a home where one lies ill,
Oft he takes heroic measures;
Here we see the size of pill 
But when from hard work and exposure
The doctor's own health goes amiss
And symptoms call for medication
The doctor takes a dose like this 
Mars, Pa.

A REVIEW OF FRENCH ALKALOIDO-THERAPY.

By Thomas Linn, M. D.

THINKING that it would interest your readers, we propose to give you from time to time just the salient points of the dosimetric medical journals of France and Belgium, including the latest utterances of Professor Burggræve, of Ghent.



THOMAS LINN.

GONORRHEA. Tousse saint gives his ideas of the alkaloidal treatment of this trouble, and cites a case in point that was cured in a very short time. He ordered that the organ should be bathed frequently with a solution of four per cent of boric acid; then one granule each of the following every hour: Sulphydral (calcium sulphide), camphor monobromide, cubebin, piperine, all four taken together. In twenty-four hours the nature of the discharge was quite changed and the pain in passing water had gone. On the fourth day the pus and all the symptoms had disappeared. The medicine was continued every two hours for three days longer and resulted in perfect cure.

ACUTE PNEUMONIA.—The same author gives his treatment in a case of pneumonia. A patient had all the symptoms of this malady, with the high temperature of 104°, pulse 120; crepitant rales, stitch in the side, dull sound on percussion, etc., etc. The doctor ordered large poultices of linseed meal with mustard in them, on the back and front of the chest; hot milk as food, with hot grog (rum and water); a rectal injection was given of hot glycerin and water, Seidlitz for next day, and the following drugs to be given every half hour: One granule each of strychnine arseniate, digitalin, aconitine and nitrate of pilocarpine; the four to be given until saturation, that is to say, profuse sweating, abundant salivation and a state of nausea. Eight-

teen doses were given, one every half hour, and then six hourly. The result was that after twenty-four hours of constant treatment the doctor found his patient with three-quarters of the lungs all right, the temperature down to 100.4° F. and the pulse 90, while the rales were almost gone. In fact the malady was "jugulated," as the French dosimetric doctors say. The patient coughed, but did not spit up anything at this time, and the nitrate of pilocarpine was continued with emetine and Gregory salt, of each a granule every hour. The doctor reflects severely on the mode of treatment, and the recent deaths by pneumonia, of Dr. Pean and others, who were treated by the old methods.

WHOOPIING COUGH.—Laura insists on the fundamental treatment of this affection by sulphydral or calcium sulphide, which he claims is our most powerful microbicide, and is eliminated by the bronchial tubes. This action he thinks can be increased by giving sodium benzoate, which acts in the same way and is also a modifier of the respiratory organs, as well as an anti-catharrhal drug of great power. These with codeine for the cough itself cured a number of cases that the doctor cites. The only other thing done was to evaporate water with oil of turpentine in the rooms; and in one case where the discharge of catarrh was great the throat was brushed with a solution of cocaine and resorcin.

The great point is the saturation of these patients with calcium sulphide, until the breath and skin smell strongly of it, and as much as twenty granules per day, or more, were used in serious cases.

The expectorant granules can be used as well in certain cases, and also the sedatives in nervous ones, such as the camphor monobromide and hyoscyamine, with codeine; of course the Seidlitz, and after-treatment with *ferri arsenias* granules is wanted for the consecutive anemia. Laura thinks it well to give calcium sulphide to all the family and those who see

these patients, as a prophylactic method.

GRIPPE AND INFLUENZA.—Salivas gives a number of cases that he treated with ten to twelve granules of calcium sulphide in twenty-four hours, given two by two, then for the fever and adynamic state the Triade, and codeine for the cough, while the usual tisane of the French doctors was given also. This is always used, and consists in such cases of the "pectoral" flowers, of which an infusion is made of fifty grammes of the flowers to a quart of hot water; this is flavored with a teaspoonful of good rum per glassful, and is given constantly to patients. The French doctor always prescribes a tisane of some herb, flower, root, or leaf, to be given as infusion, as well as the drugs he orders.

INTERCOSTAL NEURALGIA.—This troublesome affection Vigouroux says can be met, as can most of the neuralgias, with aconitine in granules; but he calls attention to the fact that we must persist until we get good effects, while cautioning our patients not to continue after the pain has gone.

GASTRALGIA.—Metivier thinks that too many different maladies of the stomach have been described under this name, and proposes to limit it by this definition: "A neurosis of the stomach characterized by pain." As to its treatment he advises two granules each of hyoscyamine, morphine hydrochlorate and strychnine arseniate, one half-hour before eating, and quassin after food; then the Seidlitz in the morning as usual, and if the pain is persistent he gives chloroform water in Vichy water, one tablespoonful per glass, as often as needed.

Burggræve, in his last "Bulletin," thanks his friends for their sympathy with him in the loss of his wife, who died recently at ninety; and the valiant professor says he will continue his fight for Dosimetry, at ninety-three years of age.

In his clinical advice Dr. B. gives for neurasthenia: Seidlitz in the morning, urotropin at the principal meal, a teaspoonful in soup (this is one of Dr. B's dietetic sub-

stances that he uses), then during the day for the same case he orders six granules iodoform, two by two, then at night the Triade. Dr. B. gives in most chronic cases two to three granules each of the Triade at night on going to bed, as one dose for the twenty-four hours. Besides this, he recommended in one neurasthenic case, to have friction down the spine with Raspail's sedative water.

To a physician, who had asked the question, as to the apparent therapeutic antagonism in the Triade between aconitine and strychnine, Dr. B. replied that "In Dosimetry there is no such thing as antagonism but synergism"—that is to say, that several remedies that may be contrary in appearance work towards one end. This is how hyoscyamine works with strychnine, acting simultaneously. Take any spasm, it is held in check by acting at once on the constrictor and dilator muscles.

Paris and Nice, France.

—O:—

The term *Triade* is a better one than Trinity.—Ed.

FREE INCISION AND DRAINAGE IN THE TECHNIQUE OF TRACHELORRHAPHY.

By Augustus P. Clarke, A. M., M. D.

Professor of Gynecology and Abdominal Surgery in the College of Physicians and Surgeons, Boston, Mass.

THE significance of lacerations of the cervix uteri, like many other lesions of the genital organs, was not fully recognized until within a comparatively recent period. Emmet's operation for the restoration of the cervix was an important step taken in the progress of gynecic surgery. His operation consisted in paring the edges of the lacerated parts and in uniting them by means of sutures. The operation as conducted by him and his pupils often proved effective



A. P. CLARKE.

for overcoming the untoward symptoms for which the measure was undertaken. There frequently occurred, however, cases in which in the hands of others the operation for the repair of the cervix was not attended with success, or with only inappreciable advantage. Such results had the tendency to lead to the neglect of the adoption of proper procedures for the closure of the lacerated parts.

There were others who, judging from their own recorded experience, regarded cervical tears for the most part as merely physiological processes of parturition and that they therefore required little or no surgical treatment.

Numerous modifications of Emmet's method of trachelorrhaphy have been devised by other surgeons; which have had a quickening influence in bringing about a better understanding of the nature and character of the rents and of instituting measures for permanent relief.

In the work which I have undertaken for the radical cure of such cases I have tried many of the various plans and have obtained varying degrees of success. The method which has proved most satisfactory in my practice I have now for some time pursued. For accomplishing this I use a knife devised especially for the purpose. The cutting portion of the blade is convex and is four and a half centimeters in length and one and a half in width; it is connected with a metallic shank and handle twelve and a half centimeters long. The instrument thus constructed can be used with more ease, freedom, and safety than can the scissors, knife, or scalpel usually employed. The patient having been etherized is laid upon the table. She is placed in the dorsal posture, and, under strict antiseptic precautions, is carefully examined as to other complications or external lesions. To do this successfully the patient's hips should be brought near the edge of the table which is exposed to a good light. Her legs are flexed upon the

thighs and retained in position by means of a strong but soft and flexible holder. A rubber inflated pad is placed under the hips and is so arranged that the irrigating fluids and the discharges can be conducted into a pail or other receptacle. A much modified depressor of Professor August Martin of Berlin is placed in the vagina above the perineum, in order that the tissue of that part may be drawn back, to allow a broader and clearer view of the uterine cervix. The handle of the depressor or speculum should be hollow for the escape of the irrigating fluid. The vaginal portion of the one I employ has also a broad and somewhat convex surface, with its marginal under edge curved in the form of a lip, so as to furnish a firmer hold without doing violence to the lower loop of muscles and to the vaginal tissue within. The uterus is then drawn down by means of a tenaculum, that its entire cavity may be dilated, disinfected, and explored. If necessary, the curette is freely employed and the uterine mucosa is further disinfected with a warm sublimate solution of the strength of one to two thousand; and then it should be freely touched with the tincture of iodine or with other alterative antiseptic agents. The posterior lip of the cervix is seized above its lower margin with the uterine tenaculum, and the incision is commenced close to the outer edge and is carried across the entire length of the part through all the cicatricial portions and is then turned inward toward the canal. After this is made the anterior lip of the cervix is seized and incised in the same manner as was the posterior labium. The two cut portions are then grasped with the volsella, brought together, and removed by another incision with the knife, while the two tenacula are intrusted to an assistant.

It will now be seen that there has been incised a typical wedge-shaped piece, consisting, for the most part, of morbid, hypertrophied, indurated, adventitious tissue.

In this incision no islands or strips in the center are left for the formation of the cervical canal. For the preservation of this a glass tube, four centimeters long and one and a half in diameter, is inserted. This tube has at one extremity a flange nearly two centimeters across. The tube is on either side of the flange or rim indented backward so as to be capable of being retained in the uterine canal by the aid of an aseptic suture that has been brought into the indentations and securely tied. The tube has a slight curve, two and a half centimeters from its point of entrance; its diameter is made smaller, that it may be more firmly grasped by the tissues in the vicinity of the internal os and be held in place after its proper insertion.

The material employed for the sutures is of animal nature and is preferably kangaroo tendon, although good catgut properly prepared will serve an excellent purpose. The first suture passed is taken on the left side of the incised cervix from a half to three-fourths of a centimeter outside of the marginal cut surface and is then securely tied. The sutures are now passed through the anterior to the posterior lip until the left side of the inserted tube is reached. The needle is then passed through on the right side of the tube and the suture is tightened to hold the tube the more firmly in its place. The suturing is then continued until the outer margin of the cervix on the right is approached, when the suture is again fastened and the two ends that are left are tied, as before stated, across the flange or disk of the tube to reinforce its retention in its proper position. All the sutures, it will be observed, are continuous and not interrupted, and their insertion antero-posteriorly serves as a splint to keep in exact apposition the incised cervical labia.

For the carrying of the sutures I prefer a medium-sized curved Hagedorn needle. I rarely find it necessary to use the needle holder. The insertion into the uterine

canal of a small tampon of cocoa butter and of iodoform before the introduction of the tube will be most helpful in keeping the parts practically aseptic. Tampons of iodoform gauze should be passed up to the uterine cervix. The patient can then be returned to bed and if all the various steps mentioned have been observed and there are no other serious complications to interfere with the patient's recovery she will possess again, in due time, a cervix as nearly normal as it is possible for a woman to regain.

If a lacerated perineum or other solution of continuity or lesion need immediate attention, an operation for such relief can be done at the same sitting without seriously delaying recovery from the trachelorrhaphy. Within a week the tube may be removed; this can be most easily done by taking the precaution of attaching to it before its insertion a strong thread, one end of which can be left within easy grasp. No attention need be paid to the sutures for they will be absorbed. After a few days the tampons should be withdrawn, and later warm aseptic douches should be applied.

It is surprising to note what excellent results follow this method of trachelorrhaphy. A uterus which has long since been in a state of subinvolution will, almost immediately or within a very short time, take on retrogressive action and become greatly reduced in size. A uterus which had for a long period measured in depth by the sound upward of four and a half inches was reduced within five weeks to a depth of scarcely three inches. An old ectropion which had defied the treatment of the liberal application of nitrate of silver, of carbolic acid, phenol, gauze packing, and of the applications of pessaries, promptly yielded after the simple but effective incision by the cervix knife had been made.

The operation at first view would seem to approximate that of a low amputation of

the cervix, but it is not of that mutilating character. No portion of the normal external cervix is removed, only the morbid, proliferated, hypertrophied and indurated tissue is incised. And here I might again remark that without such thorough removal of adventitious tissue the operation for repair and remedial relief will prove essentially a failure. I do not claim that this method of operating is wholly original with me, for a few of my confreres about me have with some variation in the several steps achieved most excellent results. A knife in many respects similarly made and presumably for the same purpose was brought from Vienna some years since.

However simple and unimportant trachelorrhaphy may appear, to some, it is nevertheless true that when such measures for relief are seasonably and properly instituted their beneficial results can scarcely be over-estimated. Emmet early pointed out the danger of allowing the severer forms of cervical tears to remain untreated to. Repeated and continued irritation resulting from such laceration is liable to hasten the formation of cancer or of other malignant growths or neoplasms.

My own professional experience extending back before the advent of gynecic surgery, which has made such marvellous advances, has been favorable for observation in this class of cases; it has justified the conclusion that cervical rents demand the strictest remedial measures to insure safety from the invasion of disease into that portion of the genital tract. Other benefits from a resort to trachelorrhaphy are not to be overlooked. The cure or relief of many forms of uterine displacements dependent on subinvolution, uterine catarrh, cervicitis, endocervicitis and metritis, is an object that every gynecologist or physician endeavors to bring about.

Many of these different phases of uterine disease are the result of old rents that have exerted their pernicious influence far into

the depths of the surrounding tissue. Such lesions can often be easily restored, and their baneful effects overcome by a resort on the part of the attendant to a well-chosen and directed method of surgical treatment. All cases of uterine disease, however, are not the result of the same injuries. Thus an operation for shortening the round ligaments, to overcome a backward displacement of the uterus, would be unsuccessful were there a subinvolution dependent on a severe laceration of the cervix. In such cases curettement and trachelorrhaphy should be first had recourse to.

Boston, Mass.

UNNA'S DRESSING.

By C. E. Ide, M. D.

THIS therapeutic appliance, which I described in the Philadelphia Polyclinic for March, 1897, came as a most helpful innovation. It has revolutionized the treatment of chronic ulcers, simple, varicose and syphilitic, chronic oedema, chronic synovitis, secondary treatment of sprains, teno-synovitis, chronic eczema, varicose conditions of the veins, especially as seen in the lower extremities, and phlebitis. It has also proved very efficient in certain skin diseases which will be mentioned later.



C. E. IDE.

When completed, this dressing consists of a combination of Unna's mixture or paint, as I prefer to call it, and gauze bandages in layers, the latter forming the basis, the former, which hardens on becoming cold, impregnating and being built upon them. The paint is a white mixture which, after cooling, resembles very closely the white rubber of which syringes, hot-water bottles, etc., are made. It is of a spongy, elastic consistency, and, when heated,

becomes fluid. The formula according to which it is prepared is as follows: Gelatin, four parts; water, ten parts; glycerin, ten parts; zinc oxide, four parts. The gelatin and cold water are put together in a basin over a fire, and when the gelatin is thoroughly dissolved (there must be no lumps) the other constituents are added, the zinc oxide being added slowly and stirred in thoroughly. It is a good plan to have it poured to cool into a quart pail in which to carry it about, keeping it covered. The zinc oxide is soothing to the skin, especially when the dressing is applied over a chronic eczema. The gelatin gives the paint its adhesive quality, forms its basis, and imparts elasticity to the finished dressing, thus enabling it to exert an even compression. The glycerin has a dehydrating effect upon oedematous tissues. Sometimes as a result of this action swelling is reduced very rapidly, fluid coming from the tissues and oozing through the dressing. Besides the paint, a supply of gauze bandages and a broad paint-brush are necessary. The gauze bandages can be made from cheese-cloth by drawing threads, and cutting along the line thus made. Two and a-half inches makes a convenient width for the bandages, and the brush which I use is three inches wide.

The dressing is applied as follows: The limb is scrubbed with soap and warm water and, after being dried, is rubbed over with alcohol. When this has evaporated the limb is ready for the dressing. In the mean time, the pail of Unna's paint should have been placed over a fire in a hot-water bath, which can be improvised anywhere from tin or agate basins. After the paint is melted it is ready to be applied; but do not apply it too hot or the patient will object strenuously. One should test the degree of heat by painting the palm of his own hand. I always remove the paint, with its hot-water bath, from over the fire when I begin the application, replacing it if it begins to harden before I

finish. With the brush a layer of paint is applied all over the limb, with the exception of the ulcer (if one be present), and over it one layer of gauze bandage is placed in sections. It must be laid flat all the way. There is one rule which must be faithfully adhered to in the application of this dressing, and that is to have no wrinkles at any point in the bandage. Where the bandage begins to wrinkle we must cut it off and begin it flat again. This is why I said above that the bandage is to be applied in sections. No section which is more than twelve or eighteen inches in length can be correctly applied.

In applying the dressing to a leg, it is well to begin, after the first layer of paint, with a strip of bandage around the foot, close to the base of the toes, just as a narrow strip is placed there in applying a plaster-of-paris bandage to the foot. A second strip is placed around the heel, the middle of which is at the point of the heel, and the ends of which reach to the outer and inner malleoli respectively. Another strip is applied around the heel a little above the first, but overlapping it somewhat. Still another is placed below the first on the bottom of the foot, but overlapping it as did the second. The ends of these other two are brought together at the malleoli, so that they all radiate from the latter out around the heel at different levels. In this way the heel is covered in; then return to the toes and cover in the foot and leg. In this dressing the bandage is entirely enclosed in the paint after it has hardened, giving it body or basis. A continuous bandage cannot be applied without the production of wrinkles. We can use a roller bandage, however, pulling it fairly snug with the limb in a horizontal position, the heel resting on a chair or bench, and after as many turns have been made as can be without wrinkles, cut the bandage off and start again with it flat. After each section is applied it is painted over with the brush. We must be sure that the

bandage fits snugly, making even compression everywhere. If a weak spot is found, where the flesh bulges, it is to be fortified with a piece of bandage covered with paint. In this manner apply two or three layers of bandage, preceding and following each by the application of the paint over the whole surface. After the last layer of gauze has been applied and painted over, the dressing is to be dusted with talc and then covered with a cotton bandage which is left on for twenty-four hours, for the sake of cleanliness, and then peeled off. Under this is found a smooth dressing resembling white rubber, as mentioned above, which is elastic and comfortable and far superior to elastic stockings, each dressing being a perfect fit for the limb to which it is applied. The paint is then washed from the toes and from the skin above the upper edge of the dressing or stocking and the work is complete. Warm water will remove the paint from the skin or clothing, or floor, or anything which is accidentally daubed with it.

This operation requires time and patience, but dexterity is soon acquired. It is a rather "dirty job," so that it is well for the operator to have on a rubber apron, and for the floor to be covered by a rubber sheet.

The dressing can be applied to the foot alone or to the foot, ankle and leg, or to the whole lower extremity. The upper and lower edges of the dressing must not fit too snugly, or end too abruptly, otherwise there will be swelling above or below.

In cases where there is much oedema, it is advisable for the application of the dressing to be preceded by massage while the limb is elevated.

Where ulceration is present a wad of cotton is placed over the ulcer under which is made whatever application may be desired. Nuclein (Aulde) powder is an excellent stimulating application; Bovine soaked into gauze is an excellent food for the tissues,

while Unguentine is the very best soothing application. In such a case when, in the course of the application of the bandage, the ulcer is reached, it is dressed and covered over with a flat piece of cotton and then the dressing is applied over that as though there were no ulcer present. All is left in this condition until the discharge from the ulcer has soaked through the dressing and become foul. Then a window is cut through the dressing, just the size of the ulcer. We begin the window by cutting a very small hole over the center of the cotton which covers the ulcer. This the patient can always locate accurately. The small opening is enlarged by degrees until it corresponds exactly with the size of the ulcer. One may now treat the ulcer as often as indicated; but should not be in too much haste to cut the window. The even compression which presses the parts surrounding and including the ulcer together and places them at rest, does far more good than any application one might be using up to this point. Every twenty-four hours will see the edge of the ulcer nearer its center and farther and farther away from the edge of the "window."

This dressing has superseded the old rubber bandage, which should never be used for it produces (vaso-motor) paresis of the capillaries of the parts over which it is applied. Unna's dressing is far superior to elastic stockings if the patient can afford to have one applied, say once a month.

The most important result which this dressing brings about, from the patient's point of view, is relief from pain and production of comfort from the first. Many a patient has declared to me that the first good night's rest he has had for months, and in some cases for years, followed the application of the dressing. For the first day or two it will seem rather tight over the front of the ankle, but it soon stretches a little, the swelling under it disappears, and in two or at the most three days the

patients walk with comfort, provided one cannot induce them to "lay up" and give the limb absolute rest for a time. When the patients can afford to rest, it is far better to keep them in bed, or up and dressed with the limb elevated constantly. To this class belong the patients who are treated inside a hospital and in whose cases the most brilliant results are achieved. Those patients who cannot afford to give up all their time to treatment can keep on with their work, and in such cases the improvement is constant and progressive and encouraging, though not so rapid as in the cases which can be kept under control all of the time. I remember the case of a butcher who stood on his feet many hours each day, and yet the improvement was steady. In the case of people who work during the hot summer weather, perspiration will soften the dressing around the foot and ankle, and so necessitate its renewal sooner than in cooler weather.

The most important result effected, from the surgeon's or dermatologist's point of view, is the support of the weakened tissues and blood-vessels, especially the veins, and the great improvement in the circulation brought about by the even and elastic compression. The veins are assisted in reassuming their suspended function. Feet which have been cold and blue for years, winter and summer, become comfortably warm and assume the natural pinkish hue. The tissues are dehydrated by the action of both the pressure and the glycerin. Fluids which have been exuded into the connective tissue are absorbed and carried away in the circulation, œdema disappears, and the swelling goes down. The dressing becomes loose, wrinkles appear in it and it soon becomes so loose that it must be replaced by another. Sometimes this is necessary in three weeks, but the average time which the dressing has lasted in my experience is four weeks. When the skin is blue and there have been extravasations of blood from the rupture

of small veins or venules, followed by ecchymosis and discoloration by blood pigment, the venous blood is sent along, the pigment is absorbed and the skin becomes soft and white.

The dressing is soothing. The zinc oxide which it contains gives it this quality; and in addition to the support which it gives to the blood-vessels, it does away with the stretching of the nerves in the walls of the blood-vessels which causes the characteristic burning pain observed in cases of varicose veins.

The dressing also gives considerable support to the weakened arch of the foot we so often see in these cases.

In the case of joints which are weak following sprain or fracture, accompanied by synovitis or teno-synovitis, this dressing gives that assistance which is needed. It furnishes the same sort of support to the joint and its muscles as does the strapping which we place on a sprained ankle, according to Gibney's method, or over the back in a case of sprain of the spine or myositis of that region. I recall good results from its use after Colles' fracture. It has been my custom in this affection from the start to remove the permanent dressing daily for douching, massage, passive motion and electricity, and as soon as I dare to replace it by a gauntlet of Unna's dressing. I apply the dressing to the hand, wrist and lower forearm in such cases (leaving out the thumb and fingers, of course), on the next day cutting through it along the radial border of the forearm, wrist and hand, covering over the cut edges with canvas sewed on and inserting eyelets so that it can be laced up and removed each day. With the Unna's dressing on, after the fracture has united sufficiently, there is a little motion obtained which lessens the stiffness and which we could not have were the splint left on longer.

The dressing, by the compression which it makes and the improvement of the cir-

culation which it produces, hastens the healing of existing ulcers. They grow visibly smaller day by day. The pain which has been produced in them by the movement of muscles and tendons in walking is lessened or entirely done away with. The granulations in the ulcer are constantly pressed together, their organization and change into fibrous tissue being hastened, and the extension of the new epithelium over the top being surprisingly rapid. In place of a thick ragged edge we have an ulcer and surrounding tissues which are continuous on the same level.

I would mention first as the cases in which this treatment is demanded above all others, ulcers of the leg (or arm), whether simple, varicose, or syphilitic, including those which occur after phlegmasia alba dolens. It is in this field that the most encouraging advance has been made, and here, when once used, it is held to be a necessity.

Next I would mention cases of varicose veins without ulcer. Improvement is rapid. The œdema disappears, pain is relieved, the veins reassume their suspended functions, the skin clears up, and the limb is placed in a good general condition.

Next I would mention phlebitis, acute or subacute, coming on in varicose veins. If necessary a window can be cut over the immediate region of the most intense inflammation, and ice bags applied at this point. I recall the case of a veteran of the civil war with varicose veins of the leg. An attack of phlebitis came on near the ankle anteriorly, which so improved under this treatment that he requested me to remove the dressing for fear he would fail to obtain an increase of pension for which he applied. When the dressing was first applied there was a spot of induration near the ankle the center of which had become soft, and it seemed as though the tissues would break down at any moment.

Next in the list is chronic œdema from any cause.

Next comes eczema, acute, subacute, or chronic. Here, too, swelling disappears, itching ceases, and the skin is found white and smooth if treatment is continued long enough.

I wish to mention the very happy effect of the paint (without bandages) when applied to the face in erythematous eczema, acne rosacea and acne indurata after curettement.

This dressing can also be applied to various classes of skin diseases in which it is desired to bring about maceration, or prevent scratching with the nails.

Next I will mention sprains, after the strapping has been removed, with or without synovitis, and weak joints from any other cause, including rheumatism and floating cartilage. It gives support and makes better pressure over swollen joints than bandages.

Last comes its use in fractures, after removal of plaster-of-paris or other splints and in dislocations. After some or nearly all dislocations we do not desire to immobilize the joint entirely. In these cases Unna's dressing prevents a repetition of the dislocation and also keeps the swelling within bounds. Ice-bags can be applied over the dressing just as in cases where it is not used. So also massage can be done over the dressing, and it can be made so as to be removed for douching and electricity. Passive motion can be performed to some extent while the dressing is on.

In fracture after the splint has been removed this dressing supports the parts well and yet allows some motion to prevent the formation of adhesions. It keeps swelling down and improves the circulation in the part, favoring the absorption of any exuberant callus or products of inflammation.

This therapeutic measure should be adopted generally; it will be found to be its own best recommendation.

Chicago, Ill.

CHRONIC PURULENT INFLAMMATION OF THE MIDDLE EAR.

By William L. Ballenger, M. D.

Prof. of Otology, in the Chicago Eye, Ear, Nose
and Throat College: Lecturer on Laryngology,
College of Physicians and Surgeons; Chief
Assistant Ear Surgeon to the Illinois
Charitable Eye and Ear Infirmary;
Fellow of the Chicago Academy
of Medicine, etc., etc.

*THE Importance of Chronic Suppuration
of the Ear.* Chronic suppuration of
the middle ear is one of the most important
diseases of the ear, for the following
reasons:

- (a) It is of frequent occurrence.
- (b) It impairs the hearing.
- (c) It impairs the health.
- (d) There is great danger of cranial complications, from the extension of the suppurative process through the upper wall of the attic.

The hearing apparatus is subjected to greater changes than in any other form of middle ear inflammation. It is less carefully treated by many physicians than other types of middle ear inflammation. This is accounted for in part by the secondary place diseases of the ear occupy in the curricula of many medical colleges. There is usually a professor of diseases of the eye and ear; most of the course is devoted to diseases of the eye, and but two or three lectures to diseases of the ear. There is an erroneous impression among physicians that diseases of the ear do not need to be studied, as but little can be done anyway. There are two or three forms of ear disease for which we can do but little; chronic purulent inflammation of the middle ear, however, is curable in nearly every case under proper topical and surgical treatment.

If the physician does not fully appreciate the dangers attending chronic suppuration, he will not impress the family with the importance of checking the progress of

the process. The process may continue for months or years with no serious results beyond the impairment of hearing and health. Finally mastoiditis occurs and if the superior wall of the attic is perforated by necrosis, meningitis or brain abscess results.

It is not so much, however, to the surgical cases I wish to refer as to those cases which are curable without surgical interference. If the process has continued until there is bone necrosis an operation will probably be necessary. The dead bone must be removed and free drainage established.

What are the conditions? In dealing with this part of the subject, it will be well to briefly analyze the various changes which may occur in the middle ear.

(a) Pus germs have invaded the middle ear, and established colonies.

(b) The mucous membrane is swollen and inflamed.

(c) The sub-epithelial layer is replaced by round cell infiltration, granulation tissue.

(d) The granulations at places become raised and pedunculated; they are called aural polypi.

(e) After a time the round cells become spindle cells, forming cicatricial bands which extend from the walls of the middle ear to the ossicles, thereby interfering with mobility.

(f) The mucous membrane after a time breaks down, ulcerates, and if the process extends to the periosteum, bone necrosis results.

(g) The membrana tympani is either perforated or wholly destroyed. Pus is discharged into the external meatus.

(h) The ossicles may be intact, partially necrosed or wholly destroyed.

How Shall the Destructive Process be Checked? No absolute rule of procedure can be laid down, as the changes in the middle ear vary greatly with each case. Yet in a general way all cases may be

viewed from the same standpoint, to-wit: There is a cavity lined with mucous membrane which is affected with suppurative inflammation. Free drainage and modern surgical dressings are indicated. The old idea that astringents, or the more modern one that antiseptic solutions, will effectively stop the process in any considerable number of cases, is rapidly losing favor among modern aurists. We now view these cases from the standpoint of the surgeon. Free drainage, a dry cavity, and a dressing that prevents the entrance of micro-organisms, are the three cardinal indications. By a dry cavity is meant one in which pools of pus are not allowed to collect and thus form a culture medium for the growth of micro-organisms.

The three cardinal indications, free drainage, a dry cavity, and a sterile dressing, being observed, we may be quite sure of a favorable issue in a large percentage of cases. The suppurative process will not only be controlled, but the hearing in many of the cases will be improved.

The principles of treatment having been stated, let us make a practical application of them:

(a) *How to Obtain the Free Drainage.* When the perforation is small and high, it is rather difficult to establish free drainage. It can be approximated by filling the external meatus with pyrozone and politzerizing while it is still there. In this way, the pus is forced from the middle ear into the external meatus, and the pyrozone passes into the middle ear, destroying the pus remaining. The external meatus should then be dried with cotton mops, and packed gently but firmly with absorbent cotton or iodoform gauze. The gauze or cotton acts as a drainage tube, the fibers by capillary attraction tending to keep the suppurating cavity dry. The gauze should be placed against the perforation in the membrane so as to constantly attract the pus from within. The

gauze also prevents the entrance of germs from without. These dressings should be renewed every twelve to forty-eight hours at first, according to the amount of discharge.

(b) In a large percentage of cases, especially in children, the membrana tympani is either partially or completely destroyed. Here the problem is quite different. Drainage is much easier of accomplishment. The gauze or cotton can be packed into the suppurating cavity, thereby greatly facilitating the discharge of sero-pus, and the maintenance of a dry cavity. In these cases the middle ear should be cleansed by syringing with warm antiseptic solutions. If granulations are present, they may act as walls, forming pockets for the retention of pus, thus preventing thorough cleansing and drainage. They can be reduced by filling the middle ear and external meatus with alcohol. It should be left there about ten minutes. The granulation tissue being soft, coagulates by the rapid dehydration which ensues. If the alcohol causes much pain, it should be diluted one-half and rapidly increased in strength at succeeding treatments. If eczema of the external auditory meatus is excited, it should be coated with a layer of vaselin just before instilling the alcohol. The ear should be packed with gauze after drying the cavity and meatus with cotton mops.

(c) If the perforation is large, the middle ear may be packed with powdered boric acid which has been passed through a fine wire sieve to remove all coarse particles. The powder should be left in the ear from one to three days according to the amount of discharge. This method of treatment has been very popular, but it is better adapted to acute cases than to the more chronic ones.

I recently had twelve cases of chronic suppurative inflammation of the middle ear under treatment at one time. I had been treating them for some time by

cleansing with warm boric acid solution and instillations of alcohol, iodoform, etc., with indifferent success. I changed to the dry cotton treatment, and in ten days time all cases but two were free from pus discharge. This experience aptly illustrates the advantages of the dry gauze method over other methods of treatment. It should be remembered that in some cases a trial of all methods may be necessary; they may be used conjointly or in succession.

Another case of interest was one of chronic suppuration of the attic. It had been under the usual methods of treatment for one year with but slight improvement. I changed to the dry cotton as described in another part of this paper, and in one week's time the discharge of pus had ceased. Three months have elapsed since then and there has been no return of the pus.

In all cases of chronic suppuration the disappearance of the odor is a favorable sign. So long as the odor continues there is probably no improvement. There is either a failure to thoroughly cleanse and drain, or there is bone necrosis.

Cases Requiring Surgical Interference.
If after a few weeks' trial of the above or other methods of treatment the discharge continues without marked abatement, the probabilities are that there is bone necrosis affecting either the ossicula, the walls of the middle ear, the attic, or the antrum. In either event surgical interference will be required to cure the case. I do not believe a physician of the present day is justified in abandoning the case until the necrosed bone is completely removed. The patient is in constant danger of acute mastoiditis, and brain abscess so long as it remains. Such cases require the most careful diagnosis followed by an operation, which is most delicate and difficult in many cases, while in others it is more simple and easy.

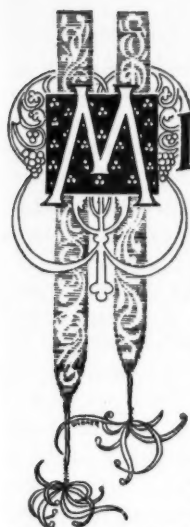
103 State Street.

WE CALL NO MAN MASTER.

How people jump at conclusions. Some one announces that living micro-organisms are found in the stools, even when large doses of intestinal antiseptics are being administered, and straightway the word goes forth that these drugs are useless! And yet the unanimous testimony of thousands of observers is that by the use of the sulphocarbolates, in typhoid fever, cholera infantum and other affections characterized by fetor of the stools and evidences of auto-toxemia, these symptoms are certainly relieved, the patient's condition vastly improved, and a cure secured more surely, more speedily and with fewer untoward symptoms or sequels, than by any other method of treatment.

There is one consolation, however, in that the American doctor is very hard to lead. He will accept the dictum of some noted leader just so far, that he will give his assertions a trial, but he will decide for himself. If Professor Pepper advocates silver nitrate to promote the healing of typhoid ulcers, the doctor will give the eminent Quaker's idea a trial; but if the results do not come up to those obtained from turpentine, he will go back to the old remedy. Numbers of new and useful remedies are introduced for coughs, but—do you know what a really efficient agent is the compound syrup of squills? Especially with the addition of a little pargoric?

But when a novelty has real value, the doctor does not hesitate to avail himself of it; and so it happens that while the textbooks on practice still refuse to endorse intestinal antiseptics, and the leaders, some of them, are "not yet convinced of its utility," the rank and file of the profession are far ahead of them and are perfectly familiar with the virtues of the sulphocarbolates. Were we to print all the encomiums we receive upon the W-A Intestinal Antiseptic Tablets, we could fill the whole journal with them.



MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

TEETHING CHILDREN—SOUTHERN CALIFORNIA.

Editor Alkaloidal Clinic :

—On general principles I decry the practice of criticising and commenting on the opinions and

theories of contributors, but I cannot refrain from having a little tilt at Dr. Love, whose clinical lecture on "Bronchitis and Catarrhal Pneumonia" appeared in your February number. My first surprise, in these days of professional modesty (!), was to see his full-page portrait framed in an ornamental border, staring me in the face as I opened the number. But perhaps that was not his fault, just as it is not the fault of certain New York celebrities in medicine when the omnipresent reporter interviews them, for publication (and advertisement).

I might premise by saying in the prevailing laudatory way, that Dr. Love's lecture is full of apt ideas and observations. Some of his diagnostic hints were quite new to me, or at least had been practically forgotten. The one bold, emphatic statement, to which I quite as emphatically take exception, is his reply to the question: "Do I believe in lancing babies' gums?" He says: "Most assuredly I do; and I say frankly but emphatically that the doctor who does not believe in relieving the pressure and consequent reflex irritation of an irrupting tooth, by lancing, does not know his business."

To some of his further remarks on the same topic there can be no objection. He

says: "Yes, teething is physiological under normal conditions. So also is parturition; but under the present civilization both frequently deviate into the pathological realm and need help; the one the gum-lance, the other chloroform and forceps."

Now, I recall the well-known statement that, when Harvey announced his wonderful discovery, no physician of the day who was over forty years of age accepted the theory. Therefore I do not hope to convince Dr. Love of the error of his views on the subject of dentition; but I do want to counteract his influence on the younger men of the profession, so many of whom will accept his dictum as final authority.

Did Dr. Love ever stop to think that teeth are composed of some of the hardest materials to be found in the body? Instance the enamel, with its fluoride of calcium fairly flinty in consistence. On the other hand the gums are soft tissues, their resistance to the normal growth of dentine being practically nothing. "Granted," he will say, "but what about the 'pathological realm?'" Simply this, that when the teeth do not advance as they should it is for want of the proper nutritive supply. Provide the little sufferer from malnutrition, or inadequate nutrition, with the lacking elements—with tooth-food, in fact—and there will be no occasion whatever for the intervention of the wicked little gum-lancet. This is not a theory but a fact, which I

have clinically demonstrated hundreds of times, without a single failure or variation; and you know facts are stubborn things. So too, are the defenders or champions of theories. I admit that the gum-lancet gives a little immediate and temporary relief, but that it is a radical or rational cure of the condition I most emphatically deny. Possibly it faintly stimulates the local nutritive process; but since it supplies none of the lacking elements, for which the child's system is so loudly clamoring, and transforms normal into cicatricial tissue, which is ten times as hard for the tooth to displace, it is radically wrong, an outrage to nature, and an imposition on the helpless little sufferer. If I could put it any more emphatically I would certainly do so. No conscientious practitioner need be in doubt between the two statements, for nothing is easier than to prove by repeated clinical demonstration that one is a fact and the other is a time-honored but irrational and deluding theory.

What do I do for my teething little patients? I correct faulty conditions in the alimentary tract, if they exist, and then I put the innocents, mewling and puking and fretting in their nurses' arms, to taking a mixture of the calcic salts, approximating the proportions as nearly as is feasible as found in the teeth. For example: Calcium phosphate, two parts; calcium carbonate, three parts; sodium phosphate, one part. Mix. Triturate to an impalpable powder. Direct: Three to five grains or more with other food, three or four times a day for a week, then once a day, p. r. n.

I have never resorted to the fluoride salt, although I have often thought it might be a desirable addition. In cases of anemic children I have added a trace of ferric phosphate.

There is nothing wonderful or mysterious about this. It is simply taking a hint from nature, a thing we are all too slow in doing; and if the coming generation of

doctors will carefully and clinically investigate the subject for themselves, instead of passively accepting the hereditary practice, they will all be inclined to bury their gum-lancet tomahawks, and do away with the indefensible and inhuman practice of committing mayhem on innocent babes.

Again, the "pathological" parturition argument of Dr. Love is not pertinent. Back of all that, even, is the abnormal development, or want of development, of the mother, and the too great firmness of the child's osseous system; and of course behind all this is the underlying cause of malnutrition or innutrition. But I need not follow the line of reasoning which will suggest itself to every thinking physician.

I am well aware that Dr. Love handles a very sharp spear, and that he may delight to spit me before the arena of your readers; but I beg of him to weight well his weapon lest it become a boomerang and impale its owner. It is never too late to mend, Doctor, and when you have convinced yourself by careful clinical experimentation that your emphatic assertion needs radical qualification, I trust you will quite as "frankly" announce your change of faith to your wide constituency.

I have a gum-lancet, and for a few years after graduation used it, shades of *Æsculapius* forgive me! But for thirty years it has reposed in an unused drawer with other specimens of medical and surgical rubbish. Your readers will infer that I am not a professional stripling with the enthusiasm of my graduation thesis still ringing in my ears! No, Dr. Love was probably suffering the tortures of the gum-lance at about the time I left my *Alma Mater*.

The other ghost that I would like to lay emanates from your Dr. Waugh. Personally genial, professionally apt, and logical in general, the versatile professor committed a logical as well as professional inadvertence in a recent paper contributed to the *Medical World*, of Philadelphia, in which

he referred in a deprecating way to the climate of Southern California. Admitting that he has never personally studied this climate, he yet ventures to say very disparaging things of it, and challenges those who approve and praise it to show cause why it should not be catalogued in the Index Expurgatorius of desirable climates. This is quite unlike the astute doctor, whose personal acquaintance I had the pleasure of enjoying before he left the East.

I pride myself on being at least an amateur in the little explored field of climatic study, and I want to pit my personal experience against the doctor's hastily engendered prejudice, for such it seems to be. That he has had a patient come over here and do badly does not tell half the story. There are almost as many variations of climate here as there are townships or valleys. Evidently his patient hugged the city of San Diego, and fell into the hands of climatic Philistines, a tribe that abounds in all health-retreats. To many eastern invalids the climate of San Diego is a veritable Paradise, but to others there are conditions connected with its location on the immediate coast, which make it quite undesirable. Furthermore, when one falls into the Philistinic hands, the Garden of Eden is easily transformed into a desert.

Grave mistakes are constantly being made by physicians who send patients to this or that climatic resort in a blind sort of way, having no definite idea of the locality recommended beyond a general impression that the region is reputedly a favorable one for invalids.

What constitutes a climate favorable to invalids? Warmth and equability are the twin requisites of climate hunters. If warmth were sufficient then the tropics would be ideal, whereas citizens of the temperate zones have great difficulty in becoming acclimated in the hot regions. If it were equability alone then were some

of the most insalubrious localities theoretically perfect. In fact, Gehenna itself is said to be both hot and equable. I will not content myself with asserting my own opinion of this climate, since it is now quite the fashion to discredit and distrust the opinions of those who reside in a given locality, when they essay to speak of its climatic or other desirable features. I will rather quote a summary of what scientific and disinterested authorities have said of it.

General Greeley, formerly chief of the U. S. Signal Office, in a very instructive article on the subject, published in *Scribner's Magazine* for April, 1888, discusses the characteristics of an ideal climate and adds:

"There is possibly one place in the United States where such conditions obtain, a bit of country of about forty square miles at the extreme southwestern part of the United States, in which San Diego is situated."

Discussing the climatic resorts of three climates, in *Harper's Monthly* (November, 1887), after having spent the greater part of a lifetime in travel and observation, Brown records his opinion as follows:

"For those who are simply delicate, or inherit a tendency to consumption, I know of no country where I should regard the chances better for fair health and a prolongation of life than a residence in Southern California."

Charles Dudley Warner expresses himself even more enthusiastically. He says: "Any description would fail to give the charm of existence here; restlessness disappears, but there is no languor or depression."

Standing on the shores of the beautiful Bay of San Diego, Prof. Agassiz exclaimed, "I have seen many lands; this is one of the favored spots of the earth!" The great scientist was not given to enthusiasm, neither had he a Sanatorium axe to grind.

The Signal Office statistics recorded at

San Diego show that, taking a period of ten years as representative of climatic averages, on no one day out of 3,650 daily observations recorded did the mercury remain below 40° more than one or at most two hours; on not a single day during the same period did any unusual warmth continue more than a few hours, the highest minimum for any day being 70° on five of the 3,650 days. During the ten years there was barely one day on which the mercury rose for a short time above 100°, four days on which it exceeded 95°, twenty-two on which it rose to 90°, forty-one on which it reached 85°, one hundred and twenty on which it touched 80°, and 3,530 days on which it was below 80°. It did not fall below 40° on 3,560 of the days. The lowest maximum for any of the days was 52° on four of the entire 3,650 days.

The climatic features of the "forty square miles" referred to by Gen. Greeley, may be thus briefly summarized:

A mild, moderately equable and decidedly bracing temperature.

A dry, warm and porous soil.

Absolute freedom from miasmata of every kind. Pure, tonic and aseptic air.

Preponderance of sunshine, winter and summer.

Light rainfall, and absolutely no soil fogs.

Absence of high winds, so trying to nervous invalids.

Ready access to a great variety of elevations, sea-level to 10,000 feet, as desired.

Finally, a combination of conditions that as a whole constantly tend to enhance the respiratory function, invite to out-door life, and develop the breathing capacity.

This is by no means an over-statement, but so many invalids come here with their old-time prejudices, and are so frantically afraid of "catching cold" that they persistently immerse themselves in a foul and over-heated atmosphere, the very counterpart of the one that they sought to escape by coming, that they do not realize a tithe

of the benefit that is here available. Shut-in air is no better here than in the East.

And I want to repeat and to emphasize that there are as many climates in Southern California as there are topographical variations; and the physician who simply says in a perfunctory way, to his patient, 'Go to Southern California,' has fallen far short of his duty toward that patient.

SAMUEL S. WALLIAN, M. D.

Helix, San Diego Co., Cala.

—:O:—

Dr. Love can take care of his end of this controversy. As to my own share I have this to say: Before sending my patient to Southern California I corresponded with many physicians in that region, most of whom resided in localities a little better fitted to be the ideal resorts for consumptives than any others—the latter too often merely welcoming the tuberculous visitor to a hospitable grave. After weighing all the evidence placed before me I sent my patient to San Diego, where she was received by local physicians and most kindly located in what they pronounced the best place for her. My daughter accompanied her. The girls suffered from cold, finding the houses poorly provided with heat, and fuel exceedingly costly. All that Dr. Wallian claims as to the pleasant climate is true enough, as the girls liked it, and would willingly make it their home. But this was not what they were after; not a delightful climate, but one suitable for a consumptive. The patient certainly put in her time in the open air; she took the natives' advice, forgot she was sick, neglected medical and other treatment, and relied solely on the air; relapsed, had a hemorrhage and had to return home; the bacilli in the sputa increased from six per slide to about 400. This winter she has spent here at her own home in Chicago, and has steadily improved, being stronger than before her lungs were affected. The climate of Chicago is not noted for curing tuberculosis, but so far I find that patients

do better with proper treatment here than in California without it.

A reviewer of Dr. Edwards' book remarked that the idea it conveyed was: "Send your consumptives anywhere but to Southern California."

The fact that consumptives are not welcome in some localities there is open to proof.

I have no quarrel with Southern California. Its climate is delightful; and where civilization has clothed its bare soil with verdure it is beautiful; elsewhere it is a desert forbidding in aspect, depressing to the invalid. But what I am after is a climate for consumptives. I do not care to increase the profits of railways, land scheme promoters or sanitarium proprietors. If these people can give my patients what they need, they are welcome to all the profits they can legitimately earn and God bless them for affording these poor wretches a chance for their lives. But I shall not lend the weight of my influence, be it great or little, to any project for enticing dying men and women away from their comfortable homes in pursuit of a delusion, to obtain benefits from a climate that does not afford them.

Now, Dr. Wallian, you have made lots of assertions, but given no proof. Follow up your letter, if you can, by giving us a statement as to the consumptives who have come to Helix, and the results. Don't color it; don't select a few notable cases and suppress the ones who would have been cured "if," or "but" or "provided." I have given the plain truth as to my case; you can easily find in it an excuse for the failure; but I am not seeking to make out a case, only searching for the truth.—Ed. W.

ABDOMINAL WOUND.

Editor Alkaloidal Clinic:—I was called to see a negro who had been shot. A forty-five caliber ball entered two inches above the navel, three-quarter inch to right

of middle line; direction backward and downward; exit one and three-quarter inches to right of spinal column, striking the crest of the ilium. I advised operation, but was refused. On the third day afterwards the temperature was 100.5°; pulse 110, abdomen swollen and tense.

Would Drs. Pegram and Franklin have advised operation or let things take their course?

I endorse Dr. Ide's views expressed in the February CLINIC. R. W. S.
Texas.

NOTES ON THE MARCH CLINIC.

Editor Alkaloidal Clinic:—"Abdominal Disease" page 180, is the report for advice, by Dr. Cunningham, in an interesting and obscure case such as we not infrequently meet with in practice. Is it safe practice to order a patient "chloroform, by inhalation, during the night, for general pain?" [Fasten the bottle to a rubber cord attached to the ceiling, so that when the patient lets go the bottle will swing away.—Ed.]



E. M. EPSTEIN.

"Active Principles, or Galenical Preparations," is an editorial, page 143, such as Dr. Waugh has the right from experience and the ability from talent to write. He will please permit me the following anecdote to be applied to any one whom it might concern. A Jewish preacher came into a town late on a Friday afternoon and found no one anxious to entertain him during the Sabbath. On the morning of that day he rose at the proper time during the service in the synagogue and announced that he desired to preach to the congregation. He was told to do so and welcome. But he took no text, and began by saying: "The people of this place are worse than their dogs." "What is that?" cried out the chief ruler. "Wait," said the preacher, "I will explain. When I came to town

last evening, the first I met were a pack of dogs, every one of whom pulled me to himself; while of the people, who were near them, not one seemed to care about me." This talk angered the chief so much that he ordered the sexton to pull the impudent preacher down from the pulpit. "But," cried out the preacher to him, "wait, sir, till I tell you what I did. When the dogs became so anxious about me I took up a stone and threw it into the pack at random, and presently I heard one of them calling out Wauu! Wauu! Wauu! and I knew I hit him."

"Bright's Disease, Static Electricity In," page 167, by Prof. Neiswanger, illustrated by a successful case thus treated, is one of the most interesting of the leading articles in this CLINIC. The Professor is persuaded that this affection is "a purely central nervous lesion," consisting in a deficiency of molecular vibrations there, which always precede the degenerative changes; and that the special vibratory character of static electricity restores the vibrations in those centers to the normal. The one case in illustration seems to prove the theory. Neither life generally nor tissue-vitality can be thought of without motion, and there may be a deviation from the normal of this, as from the chemical composition of the fluids and solids of the organism and organs. The subtle formative metabolism in the interior of cells depends, perhaps, more on nerve-action than on the composition of the blood, which does not come in contact with that interior at all.

Our friend, Dr. Pratt, expressed once his doubt whether electricity does anything more therapeutically than a fine subtle massage; and there seems to be a close connection between this idea and that of Prof. N. I cannot know how the professor's idea will strike others, but in me it started a train of thought farther reaching than I would allow myself to express here at this time.

"Brachial Plexus, Injury to," page 201,

Query 82, and the excellent editorial answer, are very instructive, and will serve also as a refresher of some one's anatomical knowledge, which ought never to be allowed to become stale.

"Constipation, Congenital," Query 75, page 199, gets a very excellent detail treatment by the editor. I wish to suggest proper attention to the mother's bowels.

"Coprostasis, would be the name for Case III, page 192. There is the convenience of brevity in a well-given name of a disease. Gould has not this name in his dictionary. Gabler has it. I think it worthy of adoption by English writers.

"Dont's," by Dr. Walters, page 172, for young doctors, and, too, for old ones who keep young, could be written by only such an one, provided he can put things as Dr. W. does. As to long preparatory studies for the practice of medicine, they can never be too long. We must learn much which we will forget; yet the discipline of the mind in correct reasoning, which these studies afford, will never be lost on the mind, though unconscious of it. There are many memory-doctors of the "this is good for that, and that is good for this" sort. They don't reason, they only parrot; and when they come into a tight place, they let the patient go, and treat his friends with a great deal of soft soap in which they put an incredible amount of lie. Such may "succeed," but God have mercy upon their lying souls!

As to being cranky in answering questions (page 173), I cannot repress the following which the late consulting Dr. Graham, of Cincinnati, O., told me many years ago: An inquisitive lady asked him once about the ailment of a lady friend of hers, whom Dr. G. saw in consultation. He told her very gravely that her friend's perpendicular of the lateral ponderosity was seriously congested, and that there was great danger of a collapse of the hepatic obliquity. To which the anxious inquirer remarked: "Then she must die?"

"Yes," said Dr. G., "only a question of time."

"Dyspepsia, Its Causation," etc., etc., page 153, by Dr. John Aulde, contains here the Medicinal Part V. Like all the doctor's previous excellent papers on this ever-important subject, this one, perhaps the best one, is also written in his concentratedly curt style, so much so that I, for one, could not "run in reading it," but had to go slowly in order to get the full benefit of understanding him, which I would not miss.

His insisting upon "proper attention to the emunctory function of the cutaneous envelop," as of greater value in this ailment "than the washing out of the stomach and the flushing of the colon," started a strange question in me. Is not the prevalence of dyspepsia in this country, and with it the prevalence of inherited and acquired early dental decay, owing in part to the prevalent lack of general bathing facilities? As an emunctory organ the skin is by far the most extensive one of all. But while these others do their share of elimination of their own accord, more or less completely, the skin has to be cleansed artificially in order to do its full beneficial work. The Russian and Turkish common people are the hardest in the world; and though their food is coarse and not of the most digestible kind, yet you do not hear of dyspepsia among them. But there is not the smallest hamlet in these nations without one or more bathing houses for sweating and thorough ablution, which any one can use for the trifling fee of a few cents.

How is it in this country? Ought we not to have a county bathing mission? "Cleanliness is next to godliness," said Henry Ward Beecher; and "godliness," says St. Paul, "has the promise of the life that now is" also. When I was younger I used to cure rheumatism and certain neuroses hydrotherapically, mainly in the form of wet-sheet packing. It was hard work,

taking each time from two to four hours, and hard manual labor to do it properly and safely. It took from fifteen to twenty-five such treatments. It brought good pay, and gratitude, too. I worked on the principle of elimination by the largest organ of the body, the skin. It is this experience that makes me fully appreciative of Dr. A.'s view.

Aulde has much, and often, and always instructively, to say of cellular life. We have known of the cell since the time of Schwann (1830). Virchow taught us more, Vaughan and Aulde teach us more yet, and still more remains to be learned about it. If life and health are spared, I hope to tell the readers of the CLINIC of the experiments of the Russian savant, Daniliewsky, of Kharkow, in this line.

Education, preliminary, of medical students, is, in Illinois, to be taken out of the hands of medical college faculties. The editor, page 137, approves this further to safeguard the profession against undue plethora of members. Correct! But let also the poor and able young man, or woman, be safeguarded against such requirements which the rich alone can attain.

"Fibroid Tumor of the Uterus," page 147, is a highly instructive clinical lecture by Prof. Montgomery, of Philadelphia, given during an operation on a martyr of the marriage-relation. The remarks on fibroids and their degenerations are valuably informing. His arguments in favor of the thermo-cautery knife, and of the vaginal in preference to the abdominal operation for the removal of the uterus and its appendages, are given with quiet and convincing force. To his historical notices of this operation, the further fact should be known, that many years ago the late Prof. Gruber, of St. Petersburg, practised secretly the operation of spaying, *per vaginam*, on the female members of the Skoptsky sect of Russia, who, like our Shakers, deem it a sin to propagate the

sinful race of man. In my limited reading I never met with the mention of this fact.

On page 152, right column, line eighteen from bottom, I do not know what is meant by "weakened ventrum," unless it stands for weakened walls of the venter-abdomen.

On page 145, left column, line ten from top, the word "but" seems to have fallen out before the word "inflammation." The statements that removal of both ovaries and tubes does not arrest menstruation, and that removal of the greater part of the uterus, leaving only a small portion of the cervix, does not prevent the occurrence of hysterical phenomena, are also valuable. The practice of ligating the internal iliac, in preference to that of only the anterior trunk of this artery, seems to be original, and may, perhaps, not be generally accepted by abdominal surgeons. The plain, clear and quiet dictum of the lecture is very gratifying.

"Garofen," page 77. If this change of name does not alter the qualities of the former Gurania, I can recommend it from personal experience. [It does not.—Ed.]

"Gonorrheal Arthritis, or Rheumatism," page 195, Query 63, presents an interesting point in reference to Waugh's successful treatment with the sulphides of calcium and arsenic, viz., the possible irritation of the kidneys by overdoses of the remedy.

"Hemorrhoids with Hemorrhage; How to Treat Them," is asked, page 190. Permit me to say that when this trouble has become habitual, is moderate, and, as it often happens, periodic, it is not best to suppress it radically.

"Hemorrhage, Ante and Postpartum," page 156, by Dr. Cecil. The doctor has a theory of the cause of these troubles, which may be true in some cases, but he clothes it in "poetic Cecilian hyperbole," and applies it to all cases. Some of us should, therefore, not be blamed for prosaically differing from the doctor. The wash-tub, and similar over-work, and not MacDuff,

may be the cause in some abnormal cases. And real periodic menstruation, too, independent of MacDuff, may take place during pregnancy as well as during lactation. Careful observations by reliable authorities have established this. But this generalization of his theory does not detract a whit from my admiration of the poet doctor's description of his "Revere Ride," nor of the vivid word-painting of the scene of "Chaos, hurry and confusion everywhere," on his arrival in the lying-in room. But no! Stop even here! The three paragraphs beginning with the one "Ah, Doctors," must be amendatorily referred to an exceptionally "young man," for as "one swallow does not make spring," so one lark does not make a general fall. And for the honor of those who know the power of a "low breath," I shall always hope that they would know "to govern themselves accordingly" better.

Barring his poetic license of "Cecilian hyperbole," the rest is sound, recommendable, original teaching of proper, prosaic measures, for which we are to be thankful. But I have yet to warn Dr. C. that there is a stern classic Klearchos in the largest city of Ohio, who is likely to be after him with his Bakteria (vulgo: "A man with a stick"), for the doctor's *per orem* murder of Latin. I had him after me once.

"Heart-trouble," in consequence of the violent sport of foot-ball, in the form of left ventricle hypertrophy, is reported by Dr. Ashford, page 189, in response to the editor's inquiry, November, 1897, CLINIC, page 647. This is good CLINIC fellowship, to be imitated.

"Headache," Query 60, page 194. The fact that the patient was once sunstruck would make me think that the cause is pachymeningitis, and the editor's unprejudicial advice to "take a little blood" is most excellent on this account. Either the vertex might be shaved and wet-cups applied there, in which case the spring scarificator should not be used, lest it

penetrate to the bone, but a simple scalpel; or leeches may be applied to the *septum naris*. There is an extensive vascular anastomosis between this part and the dura.

"Hyperidrosis, Nocturnal," Query 79, page 200. Permit me to caution against sudden suppression of sweats, especially in "a patient apparently well."

"Leucorrhea, Its Etiology," etc., etc., is an excellent leading paper by Prof. Byron Robinson, page 171. On the subjects of "leucorrhea debilitating the system by draining it of vital material," and "anemia causing leucorrhea and leucorrhea causing anemia," it would be desirable to hear what an authority like Prof. R. has to say about the leucocytes and Nuclein.

"Leg, Varicose Ulcer of," Query 74, page 199. The editor gives a curative treatment. The persistency of the ulcerative process, seems, to my humble mind, to call for the establishment of an issue, to avert danger from the stopping of a discharge that has become habitual. "Habit is second nature."

"Medicine and Pharmacy," page 138. The masterly editorial pen gives here a masterly summary of the relations of these two professions as they stand to each other up to date. Like all other departments of life at the present age, these two, too, are in the stage of transition to a better state of things in the not distant future. And the important question how the progressive physician should adapt himself to the present situation, is exceedingly well and safely answered in this valuable monograph, which it really is.

"Membranous Croup, or Laryngeal Diphtheria," page 164, by Dr. Davis, illustrated with four cases, and three recoveries of them, will be read with special avidity by those of us who have had to face this enemy in combat, whether successfully or not.

"Mistakes," some of Dr. Landers', page 187, are not "many of his life." The doc-

tor is yet young, but already truthful; and some of us are wisely fools enough to learn from them. It was a wise saying of an early photographer, in the days of daguerreotypes, that he found knowledge when he found out his mistakes. Applicable! The mistakes in the sunstroke case were, the whiskey, the stopping of those admirable heart-tonics, and not bleeding that patient with a temperature of 105° F. and a pulse of 165! And the doctor's second mistake was also not his own directly. All these remind me of the sensible proverb of the Russian peasant: "Ask people's advice, but keep your own mind." As to Methuselah's cat's tail, the *onus probandi* rests with the doctor to show that that cat was not a white one. [The application of cold has given better results in sunstrokes than blood-letting.—ED.]

"Neuropsychosis, Traumatic," Query 78, page 200. I would have asked the editor why he accepts that name instead of neurasthenia, but I have read his "Treatment of the Sick," *sub verbo* neurasthenia, and I see the reason why. He is right, it is a psychosis.

"Ovarian Congestion," page 193, by Dr. Owen, gives excellent information; yet the doctor wants more, and so do I. What is "hydropiper"? Also what are "my fever drops"? [Polygonium hydropiper or water-pepper, an emmenagogue.—ED.]

"Phlyctenular Conjunctivitis and Nasal Disease," page 169, by Prof. Brown, is an excellent leading paper. "Carefully removing all crusts from the lip and about the nostrils," in good advice, but not easily done; but saturating the crusts with warm cod-liver oil will do it. As to the ointment to be applied, I do not know what the one grain of ichthyol will do; but incorporating acetanilid with the zinc ointment, and then dusting over with equal parts of acetanilid and boric acid, will keep off "dust and filth" from the denuded parts, though not from the ointment and powder, which cannot always be

done among the poorer patients. The "ordinary douche" never proved satisfactory to me, and Dr. Bermingham's nasal douche is far superior to it.

"Pneumonia, Its Alkaloidal Treatment," by Dr. Lisle, page 186, is good, and the doctor's "stick-to-itness" admirable. As to not only emptying but also disinfecting the bowels and reduce fever temperature, this is Dr. Waugh's undisputable and most valuable American alkalometric addition to European dosimetry.

"Pneumokoniotic Dyspnea," Case II, page 192, treated symptomatically and successfully with aspidospermine and glonoin, alkalometrically, is a short but interesting record. The poor patient is also troubled with aortic regurgitation which I cannot think to be caused by his pneumokoniosis. But certain it is that a man with such a cardiac lesion should not pursue a trade productive of pneumokoniosis. But the poor fellow is only an axe-polisher; if he were an axe-grinding politician he might fare better. The disease in question is the bane of many another dusty industry, of which we should hear more in the CLINIC. Indeed, all industry-diseases, both of past and of modern times, should be heard more of. What is the reason that we don't?

"Subinvolution and the Puerperium," page 145, is a very instructive paper by Dr. Ide. It shows that medical routine overcautiousness may be as injurious to the lying-in woman as slovenly carelessness often is. The individualization of obstetrical as of all other medical cases, cannot be too much insisted upon, for the sin of routine treatment is too common. As to the "binder," the doctor's description of one is excellent, but is not always at hand. However, with the freedom of a bed-sheet and an abundance of both safety-pins and gumption, a very useful one can be easily improvised. I usually put a many times folded napkin right over the uterus.

"Stomach Wounds," page 179, by Dr. Ross, is one more valuable testimony in favor of surgical interference, and against the let-alone way in such cases! As to the vital nature of the stomach, see what Dr. Ashford says, page 189, in the sense of "*audiat et altera pars*," then what has been said on the subject in the CLINIC hitherto.

"Syphilis and marriage," page 194, Query 58, refers to the man, but what of the woman? Suppose the woman was a syphilitic as this man is, and she wanted to marry a clean man? Would you not answer with the words of the proverb: "Shall a man sheer fire in his lap and his clothes shall not burn?" (Proverbs 6:27.) And where is the difference? Let the poor woman know of her danger, and if she elects to sheer fire into her lap let her do so; but let no man be a *particeps criminis*. Would you give your daughter in marriage to that man?

"Spermatorrhea," Query 62, page 195. If ever an efficient and rational treatment was given of this much ill-treated disease, it is just this one here given by the editor. Shade of Lallemand! Come down to us and see what progress we have made since you were authority on this subject!

"Urethral Irritation," Query 77, page 200, gets a very good treatment from the editor, who does not seem to take any notice of the mercantile prominence of the patient; and I suppose it does not make any difference.

DR. EPSTEIN.

West Liberty, W. Va.

ONE MORE.

Editor Alkaloidal Clinic:—I received the vial case and am so well pleased with it that I hand you an order for tablets. This is such a nice way to give medicine that I think I will adopt it.

S. W. HOPKINS, M. D.

President Southwest Mo. Medical Society.

DELIRIUM FEROX.

Editor Alkaloidal Clinic:—P. T., male, age twenty-one years. Returned from field, at 6 p. m.; fed his team, carried armful of stove-wood to kitchen, and went to his room, where his sister found him five minutes later unconscious. Five minutes after this he had delirium ferox, requiring three or four strong men to hold him on the bed.

I saw him an hour later, and found the following condition: Delirium ferox; temperature 98° F.; pulse 56; breathing stertorous; pupils dilated, eyes deeply congested; no paralysis of motion; hyperesthesia of skin intense; no vomiting or retching; constant desire to butt and bore with head.

I gave at once 3-8 grain morphine sulphate with 1-20 grain strychnine sulphate, which resulted in quieting the patient. At 2:30 a. m. pulse was normal, breathing very much improved and patient quietly sleeping. He was allowed to sleep until he awoke of his own accord, about 5 next morning, Thursday, when he awoke in full consciousness, drank a glass of water, and expressed his surprise at my presence or that anything had been wrong with him the past night.

He had not the faintest remembrance of the past night's suffering. He was questioned as to his condition for the past month, and stated that he had not been well, his stomach having troubled him some, and his head having pained him for two weeks, not acutely, but constantly aching.

He was now given a capsule containing 5 grains calomel, 1-2 grain podophyllin and 5 grains aloes, which moved his bowels promptly and freely. This was followed by 5 grains quinine sulphate every 3 hours until 30 grains had been taken. He improved steadily all day Thursday and was up Friday, with a good appetite, tongue clean, pulse and breathing normal.

He continued to improve until Saturday,

when he complained of his stomach paining him some and was given two five-grain tablets of Peptenzyme after meals, and the nitrogenous food limited. This seemed to relieve his stomach until Monday, when he again complained of it paining a little. The Peptenzyme was continued.

Tuesday morning he stated to the family that his head was paining him just as it did on Wednesday before he had the other attack. They suggested that it would be best to send after the doctor, but the patient objected and they did not do so. At 8:30 a. m. he was again insensible and in a few minutes delirium ferox supervened. A messenger was at once dispatched for me; but being out of the city, Dr. W. L. Dixon was sent out and saw the patient at 9:30 a. m. He immediately gave him a hypodermic of 1-2 grain morphine with 1-75 gr. atropine. This not controlling him in the least, he gave an hour later 1-4 grain morphine with 1-150 grain atropine.

I saw the patient an hour later, 11:30 a. m., and found the following: Pulse 120, full and strong; breathing 24, and regular; pupils widely dilated; skin scarlet; delirium ferox; hyperesthesia intense; photophobia, boring head in pillow and butting anything in reach. He was beginning to get quiet so nothing was administered until 1:30 p. m., when delirium again becoming violent, 3-8 grain morphine was given hypodermically and a similar dose left with directions. It was necessary to give this at 4 p. m. The patient at 7:30 p. m. had had only twenty-five minutes rest and was quite restless, but quieted down and rested until 10 p. m., when delirium was again violent. He was given at this time a pint of water, had his urine drawn by catheter and was given 1-2 grain morphine hypodermically. He rested until 2:30 a. m. when he was again given water and 1-2 grain morphine, hypodermically. In this second attack the patient had great difficulty in deglutition.

At 5:30 a. m. patient called for water,

which he drank greedily and with difficulty; 6 a. m. patient getting restless and hyperesthetic, gave 60 grains potassium bromide, and 5 grains potassium iodide, in elix. lactopeptine. At 7 a. m. patient regaining in some measure consciousness. The bromide and iodide were continued every four hours, and from this time on the patient steadily progressed to recovery.

I know this would have been a classical case for venesection, but owing to the furious delirium it was impracticable. He should also have had ice-bags to head, but owing to the intense hyperesthesia, the touch of a feather or a slight puff of wind would render the patient furious.

The question is, was the congestion of brain due to stomach trouble? I believe it was, as a relief to his stomach has resulted in his perfect restoration.

R. H. C. RHEA, JR., M. D.

Morganfield, Ky.

—:O:—

This is an exceedingly interesting case. The treatment by morphine was indicated by the dilated pupils; the free catharsis, by the cerebral congestion, but elaterium would have been better than the slower agents used. Quinine was not indicated at all, and the fact that relief finally followed the use of iodides indicates the possibility of syphilis. In fact, convulsive attacks in an adult without obvious cause are most likely to be syphilitic.—Ed.

FIRST STEPS.

Editor Alkaloidal Clinic:—A little girl was suffering with acute bronchitis. Both lungs very musical; pain throughout chest; respiration 23, embarrassed; persistent cough, which gave her much pain; temperature, 104.5°; pulse, 122; free expectoration, phlegm white, not sticky but tenacious.

I gave calomel and soda, aa gr. ss, every hour until bowels moved, followed with castor oil, two teaspoonfuls. Moved

bowels once daily with oil when required. Fever was reduced by aconitine, four granules, in twenty-four teaspoonfuls of water; a teaspoonful every fifteen minutes for three doses, then every half hour until four doses were taken; after which she was ordered to take a dose every hour, the fever being reduced to 98°.

To manage cough, I gave her muriate of ammonia, gr. ijss, every three hours. Tonic, quinine sulphate, gr. jss, every four hours; tr. nux vomica, m. iij, three times daily; Nuclein solution (Aulde), two tablets in three teaspoonfuls of water, a teaspoonful at a dose, three times a day. On the fourth day no fever; pulse normal; respiration 19; fifth day, dismissed case; putting her on nux vomica and iron, in connection with Nuclein (Aulde).

Case II. Auto-intestinal intoxication. Child two years old; pulse 124, strong and hard; no action of bowels for days previous; twitching of muscles; brown, coated tongue; vomiting, etc.

Reduced fever as in first case; gave an enema of cascara sagrada and glycerin, aa one and one-half drachms. Kept bowels open, causing an action or two during the day. When required I used castor oil by the mouth, half a tablespoonful. Gave two tablets Aulde's Nuclein daily.

I have treated one case of pneumonia, in a man, by the alkaloidal medication. He wanted to get up during the fourth day; so it worked like magic in this case.

I haven't very much literature on the subject—the ALKALOIDAL CLINIC, for which I am a trial subscriber, and a "Brief Therapeutics." I have just practised medicine since last June and, am very careful not to jump at everything offered the profession. I am inclined to think well of the new treatment.

J. W. PRICE, M. D.

Richland, Texas.

—:O:—

Nothing interests us more than the first steps in the new and untried path. Read

the CLINIC, Doctor, and see how your brethren stumbled, got up and tried again, and finally mastered the task. One experience we have never heard yet, that a doctor has mastered alkalometry and then returned to galenicals.—ED.

INTESTINAL ANTISEPSIS.

Editor Alkaloidal Clinic:—The Waugh-Abbott Intestinal Antiseptic has proven almost a specific in a case of fermentative diarrhea which has heretofore resisted all other medication. Accompanying this were the concomitant symptoms of pyrosis, abdominal distention from gas, pain after the ingestion of food, the passage of undigested particles of food etc., all of which were directly influenced by your antiseptic. I can accord it my hearty approval.

BUEL LATCHER, M. D.

Edinburg, N. Y.

PLACENTA PREVIA.

Editor Alkaloidal Clinic:—February 19, 1898, I was called to Mrs. G., found her nearly pulseless; and to say she had been bleeding wouldn't express anything. She was past full term and had had pains four or five hours. She had a severe hemorrhage, December 25, 1897. I found placenta previa, centrally attached. The contractions had separated it sufficiently for her to have lost a great deal of blood. Upon my arrival the pains ceased.

I administered strychnine and ergot, and decided to burrow through the placenta and deliver. I was afraid to further detach placenta and risk hemorrhage, as the patient was nearly exsanguinated. So, preparing my forceps, I introduced my hand into her vagina and instituted a series of pinching or cutting movements of my thumb and index finger nails, finally working a hole through the placenta, which I enlarged sufficiently to introduce my whole hand. I now saw that the child was dead. I applied my forceps through the opening

I had made in the placenta and delivered her of a twelve pound male child.

I gave her more strychnine and ergot, and proceeded to detach the placenta, which was unusually large. The uterus contracted nicely and the patient made an uneventful recovery on iron arseniate, strychnine and Bovinine.

In my opinion mine was a safer procedure than that laid down in the textbooks, in cases where the attachment of the placenta is central. Will Dr. Abbott kindly tell me wherein I erred, if such is the case?

J. H. BAUGH, M. D.

Clifton, Okla.

—O:—

In a similar case I plugged the vagina firmly with cotton and waited till the descending head had been forced through the placenta and pushed out the plug. The child was then delivered as quickly as possible, alive; and when the parents gave him my name I felt I had earned the honor.—ED.

CICUTINE.

Editor Alkaloidal Clinic:—For twenty-three centuries the lethal nature of hemlock has been known to mankind, but its medicinal virtues are a discovery of comparatively late date. It was the Athenian state poison and was used in the execution of the sentence of death against Socrates.

Its physiological action is, according to Bartholow, primarily and chiefly on the end organs of the motor nerves. When an active dose is administered, we have first weakness of the legs and a sense of weight and fatigue of these members. Then the eyelids become heavy and drop somewhat, together with double or confused vision: a feeling of torpor of the mind and giddiness follow, with a general relaxation of the muscular system.

Our experience with the remedy is not with Dr. Bartholow. Dr. Abbott speaking of this drug says: "It is our opinion that the effect of coniine on the sensory

nerves is not sufficiently well understood. This is particularly manifest when very small doses are used. Small doses affect the sensory terminals before the motor terminals are influenced."

Now for our experience: We have a patient who is terribly afflicted with neuralgia, and have been using morphine until it has ceased to be useful. A few days ago we gave her hypodermically, morphine, gr. 1-2; atropine, gr. 1-200, and obtained the physiological effects of both drugs, but only a very transitory anodyne effect. Failing thus, we began to look for some other weapon with which to combat the disease. Taking up Dr. Abbott's theory of small doses affecting the sensory terminals (and it is quite likely that the only difference between Drs. A. & B. is in the size of the dose), so with the idea of agreeably affecting the sensory terminals before producing the full physiological effect of the drug, we gave gr. 1-100 every half hour for eight doses, with no perceptible result, the patient still suffering intensely. We then doubled the dose, giving gr. 1-50 every half hour. Called a few hours later. Patient happy and declares she is well.

I am convinced my first doses were too small. Bartholow's effects of the drug were not seen, the pain being relieved before the motors were influenced. There is one matter we regret about the drug, that its effects on the system soon wear out by repetition; but then we may synergistically confirm it with hyoscyamine, atropine and some other drugs. Why not with gelseminine?

M. G. PRICE, M. D.

Mosheim, Tenn.

What a revolution the alkaloidal medicines will bring about among the most skilful physicians, by dispelling the darkness of doubt, and giving certainty in the use of means to accomplish the desired ends! F. E. H. STEGER, A.M., M.D.

Nashville, Tenn.

PHYSICIANS SHOULD DISPENSE AS FAR AS POSSIBLE.

Editor Alkaloidal Clinic:—I have just had an experience which is not new to any physician who has practised medicine; that is,



I. C. YOUNG.

substitution in a prescription. A lady was sent me by an esteemed friend. I wrote a prescription for Seidlitz salt, A. S. L., two ounces, meaning Abbott's Saline Laxative, with direction, and told my patient to return as soon as it acted. I met my friend some days later and was told that my prescription did no good. I was surprised, as I had ordered two teaspoonfuls every three hours until it acted; and I knew by its not having acted, considering the condition of my patient, that my prescription had not been correctly filled since the directions were carefully followed.

I knew that only one druggist in the city had Abbott's preparation, and found he had not filled my prescription and that the druggist who had filled it did not get any of the preparation, but had filled it with the old style Seidlitz mixture. The druggist did not take the trouble to ask me what the "A. S. L." meant, if he did not know, which he could have done by telephone in less than five minutes.

Generally speaking I am not at all revengeful, but when a druggist substitutes on me I am and I am now watching my opportunity to catch him a few more times, and in a way that I can have him properly prosecuted to the limit of the law.

No penalty can be too severe for substitution, as in ninety-nine cases in every hundred the poor doctor gets all the blame whenever medicines do not act as expected. When we know our remedies and their effects, if we do not get our results we know we have either an idiosyncrasy or

have mistaken our diagnosis; but if we do not know how our prescriptions are filled, we are like a ship at sea without a rudder and do not know where we are or where we are going.

The only remedy I see is for us to dispense as far as possible; and it seems to me that dispensing alkaloidal granules offers the best advantages as far as they go. We can combine them as indicated and as many as we choose, and we always know where we are and what to expect, especially if we use Abbott's.

Tablets are apt to be insoluble, unreliable in manufacture, and in the compound form tend to the treatment of different cases in the same manner. Both are overcome in using granules, and these do not require the space, and are so much more cleanly than liquids; the granules can also be dissolved in water to make any fluid combination we may desire.

The financial advantage to the physician who dispenses must not be lost sight of. If you charge for your prescription as you would if you wrote it, and charge for the medicines as the druggist does, you will almost double your receipts in a very short time; and every time your patient wants a refill you get the profit you justly deserve, instead of the druggist getting it and you nothing.

A few evenings ago I stepped into a drug store to get a cigar, which the druggist would not accept pay for saying that he had cleared five dollars that day on refilling my prescriptions alone, besides the new ones he had gotten. That was only one store and there are nine others in our city; hence I wondered how many the others had refilled, and made a solemn vow that hereafter I would write papers only when I was out of the remedies I needed for my patient, even if the druggist should not feel so much inclined to distribute free cigars. Our pharmaceutical journals complain of our dispensing because it is taking away from the retail business; so let us ask

them who is to blame for this state of affairs. I will answer that it is the retail druggist alone. It is caused directly by his counter-prescribing, promiscuous refilling, and often for people who we know did not get the original prescription, and by his substituting, either for convenience or for larger profits.

Brothers of the profession, we must protect ourselves and our patients; no one else will; and let us have what justly belongs to us, and at the same time give our patients better service.

DR. I. C. YOUNG.

Joplin, Mo.

CALOMEL AND PANCAKES.

Editor Alkaloidal Clinic:—I have read an article by an old physician in which he said, that *the* specific for convulsions and the greatest one for *all* convulsions, whatever the cause, was calomel; that a twenty or thirty-grain dose would stop any convulsion in children as soon as swallowed. He expressed surprise that this fact had not been mentioned before. I had never heard of it, but am ready, if it is so, to herald it to the medical world. I have letters from physicians who say that they have found in large doses of this drug a specific for membranous croup also. They are unusually positive from actual experience that there is no drug like calomel for this disease. Then let us try it. These heroic-dose-calomel men declare, with all the emphasis at their command, that their statements only want to be put to the test to find out that they are true. I myself have expressed the opinion that calomel is one of the wonders of the world. My trouble has always been that I was afraid to use the doses.

In the last month I have have had two well-defined cases of membranous croup, treated with calcium iodide, as directed recently in the CLINIC. Both cases went along without special interruption to a

prompt recovery. They did not require more than four days to get entirely rid of croupy symptoms. I gave some calomel in these cases, but not persistently. Let us have some reports on the exclusive use of this drug in croup. I hope the brethren will be conscientious in this matter and report genuine cases for the sake of the profession and that of humanity. I am ready to "take up" with any new drug and am ready also to throw away anything not worth further consideration. I am hard after the truth and by reading three or four good medical journals I am getting hold of some of it.

In the January *Brief* will be found an article on "Atypical Fever" which dispels some of the mists hanging around the diagnosis of malarial continued fevers, and typhoid. The writer calls this fever, typhomalarial according to some diagnosticians, "Atypical Fever," says it is entirely independent of either typhoid or remittent, is not caused by the same poison, has not the same pathology, and occurs independently of these fevers.

Then again, he announces, what I suppose is a new item in therapeutics, viz.: that opium is a specific in this disease. I do not say that it is nor that it is not. I hope that it is. I certainly shall find out at my first opportunity. Let us hear from the "brethren."

Dr. Lizzie Hazelton thinks she can beat "my pancakes" with a liniment in cases of pneumonia. Here I must differ. "My pancakes," I beg to say, if made right, are not at all "mussy." This is a man against a woman on the "pancake question," remember; but inasmuch as I have made a practical demonstration of the efficiency of these useful kitchen products, I am loath to give them up. You can put a hot, fresh pancake, right from the griddle, on the outside of the child's clothes and the heat will go right through and do its work without any trouble. But if the heat is too much at any time, all that is necessary

is simply to take the cake off or raise it up temporarily, and all goes well. Pancakes can be made for this purpose that will not "muss" anything. Besides, I can prove by Dr. Waugh that the internal application of these wonderful culinary compounds is almost invariably followed by most delightful effects! In a case of adynamic pneumonia, you simply use them outside, until the internal inflammation has subsided—then you just go to giving them internally to complete the cure of the case. See?

As to the January CLINIC, it's hard to beat. The doctor that would growl at it would be as bad as the tramp who objected to the corn because it was not shelled!

I have the honor to remain a co-worker and friend of the CLINIC.

S. HERBERT BRITTON, M. D.

Adelaide, O.

Be sure you're right, then stick to it till you're proved to be wrong. This "huge-dose" calomel treatment is like Banquo's ghost—it will not down. Try it and settle the matter.—ED.

STOMACH WOUND IN A COW.

Editor Alkaloidal Clinic:—I wish to tender thanks to Dr. C. E. Ide for his article in February CLINIC, and put on record a remarkable case. A farmer had a fine herd of short-horn cattle. In the mornings he often fed them cabbage after milking. There was one extra fine cow, the boss of the herd, and by driving off the others she got more than her share. A heavy dew being on the cabbage, she soon commenced to bleat terribly. My friend had heard the proper thing to do in such cases was to puncture the stomach; and as the case was very urgent and blood excessive, he thought he would take a carving knife and insert it in the swelling. He did so, but did not think of the pressure and guard against the cut

extending too long; the consequence was that he made a bigger hole than he expected, and cabbage leaves along with the other fermenting mass came rolling out.

I found a gash fifteen inches long, with the fermenting mass rolling out yet. I called for a wheelbarrow and he held it under the belly. I passed in both hands and cleaned out the cabbage leaves until the rumen and muscular tissue were pretty lax. After cleansing the parts I sutured the rumen, then the peritoneum, muscular tissue and skin, and left the case with directions to give only soft sloppy food. For a wonder the animal made a good, quick recovery. We don't know always how extensive an injury nature can restore under proper conditions.

THOS. D. HULME, M. D.

Commerce, Iowa.

INTERNAL CANCER.

Editor Alkaloidal Clinic:—I shall ever remember you as one of the kindest and best professors a medical student ever had. I am much pleased with the premium case and the CLINIC, which is filled from the beginning to the end with information which is indispensable and invaluable to the practising physician.

Hoping that success may attend all your efforts is the sincere wish of one of your grateful students.

I have a case on hand, an old lady, aged sixty-seven years. I have attended her since the 17th of July, 1894. On my first visit I found her suffering from a dull, aching pain at the lower part of the rectum and a sharp pain in the stomach; vomiting a dark-colored fluid resembling coffee-grounds, with some blood. Patient pale and very weak. She told me that every few days she passed at stool a great deal of white fluid resembling foam mingled with strings of blood. Her father and one sister died of cancer. I found about four inches up the rectum small red lumps, hard on pressure. I

diagnosed the case as cancer of the rectum and stomach.

I placed her on the following treatment, which has been but little changed, and the patient is still living, but suffers very much at times; but she is much easier than when she first came under my treatment: Morphine sulphate, two grains; bismuth subnitrate, half an ounce; carbolic acid, twelve grains; fl. ext. hydrastis, one drachm; elixir cascara sagrada, three ounces. Direct: A teaspoonful before each meal or three times a day. Injections of hydrogen dioxide, one tablespoonful to a half-pint tepid water, twice daily, following with applications of carbolic acid to the diseased part, being careful not to touch the healthy part.

W. E. HOLLAND, M. D.

Fayetteville, Pa.

—:O:—

We will hardly question Dr. Holland's diagnosis, but congratulate him that he has been able to mitigate in some degree the pangs of this atrocious disease. Much of the suffering from cancer is due to the absorption of toxic products, and may be prevented by the free use of antiseptics. Some is also to be assigned to the death of particles of tissue by the choking off of the blood-supply; and when the growth is within reach this might be relieved by free scarifying; if not, by applying pure Campho-Phenique. When the use of anodynes becomes necessary, relief may be had from the internal administration of ether in teaspoonful doses, taken in sweetened water; also from chlorodyne, Antodyne and from Hughes' Neutral Elixir of Opium, a valuable preparation.—ED.

The outlook is good for that special ALKALOIDAL CLINIC car for the Denver meeting in June. Those who contemplate joining the excursionists should send in their names at once. This does not bind them to go, as arrangements will not be definitely made until the last moment.

ERGOT AND OTHER TOPICS.

Editor Alkaloidal Clinic:—May a younger member of the CLINIC family come forward, with doffed hat, and take a humble seat near the CLINIC's monthly council-board? For have I not felt since I first began to read this brightest and most entertaining of all the medical monthlies, that Dr. Abbott is the warm personal friend of every CLINIC subscriber, myself among the number? Indeed, I have for months been longing to join that group of brilliant thinkers and able writers whose labors have made and are making the ALKALOIDAL CLINIC what it is. Not that I consider myself altogether worthy of this honor; but may I not come as a learner, or metaphorically as a humble gleaner in that golden field where such men as Abbott, Waugh, Shaller, Aulde, Coleman, Brodnax, Buckley, *et al.*, are garnering so rich a harvest? Gentlemen, count me among your warmest admirers and sincerest well-wishers.

I thought I had read all my CLINICS with particular care (advertising pages of course included, for that is something I should never think of skipping); but on looking again today through the December number, I see, page 704, a question by Dr. Abbott which I shall endeavor to answer. I have used P. D. & Co.'s normal liquid ergot, as also ergotin and S. & D.'s Ergotole. Disappointed with the use of the ordinary liquid extracts of ergot, I began the use of the normal liquid with considerable confidence, owing to the great prestige justly enjoyed by the house of Parke, Davis & Co. But their normal liquid was a disappointment. While somewhat more pleasant in taste than the ordinary fluid extracts, I did not find it in any way superior to them. I then began to experiment with Sharp & Dohme's Ergotole, and as a result have used it exclusively ever since. I always purchase it in original packages. It is so far superior to every other preparation of this valuable

drug with which I am acquainted, that a vial of it is my constant companion. When I recall the numerous cases of alarming hemorrhage from the uterine cavity that I have promptly arrested with a few doses of this invaluable product, often when the fluid extract had been persistently but unavailingly used. I cannot refrain from urging my professional brethren to try the Ergotole, if they have not done so, without delay. It is my invariable practice to administer to my patients, as soon as the second stage of labor is completed, about twenty minims of Ergotole, and the unvarying result of this procedure has been that fifteen minutes afterward I would find the detached placenta lying in the cervix or in the vagina. This result ensues with the regularity and precision of clock-work, and I have never had a case of retained placenta or of post-partum hemorrhage.

And this brings me to a point concerning which I should like to consult the members of the CLINIC family. Often in these cases before the first stage of labor has fairly begun, my patients suffer severely from irregular labor-pains (*are they labor pains?*) which exhaust their strength, but which do not dilate the os uteri. These pains may torture the patient for hours, and in some cases die away of their accord only to return again. Possibly the patient may suffer in this way for a whole day before the first stage of labor really begins. In such cases what should I do? I have occasionally given one or two ten grain doses of quinine sulphate, but so far have got no positive results from it, and can only sit down and wait; and during this interval the "old women" are after me to "do something," and insisting that I use black pepper tea, etc., etc., *ad nauseam*. Sometimes they torment me so that I wish I had made a dry-goods clerk of myself or a bricklayer, or—or—something. Being at my wits' end I come to the CLINIC for advice.

Also, please help me out on the follow-

ing: One of my patients, a lady of twenty-four, has been confined twice, and each time came near dying of puerperal eclampsia. The last one was the worst. She is young and enjoys fairly good health; her husband is robust and amorous, and not at all bashful about making his desires known. Now should this lady become pregnant again, it would be the sounding of her death-knell. I cannot advise this couple to sleep in separate beds during the rest of their days; because, first, they would not, and, second, I could not expect them to do so. The only course in their case, it seems to me, is to prevent conception. Will Dr. Abbott or Dr. Waugh tell me the best and safest method of accomplishing this and thereby greatly oblige a much embarrassed brother?

Another patient of mine, a married lady of twenty-two, not robust, but pallid and anemic, suffers at intervals (whether these intervals are regular or not I cannot say) from terrible headaches that utterly prostrate her. Sometimes it seems to be hemi-crania, affecting the right side of her head; again, the headache seems to be neuralgic in character. She cannot or will not take morphine. At first I gave her Papine, and for a time this gave prompt relief, but does not do so any longer. Zomakyne, Antikamnia, etc., are wasted on her. Then I gave her a powder containing Lactophenin, gr. iv, quinine bisulph. gr. ij, cocaine muriate, gr. 1-4; and for quite a while a dose or two of this afforded prompt relief. Now, however, even this fails. She drags about, just manages to do her housework three weeks out of four, and will not walk about. Her menstrual function is deranged a good part of her time. She also complains that "in her side," (near, or pretty near, the left iliac region) she can feel an accumulation of some watery stuff. It occasions no pain, but she says on making certain movements she can hear the fluid bubble and gurgle. My description of the exact whereabouts of this abnor-

mality is vague because she will not permit me to examine any part of her anatomy, or even to make out the exact locality of "that place," as she calls it; and I have to depend upon her descriptions, and these are vague enough, in all conscience. I suspect some ovarian disease. Drs. Abbott and Waugh, what do you think of this case? What should I do for her?

But for fear of "wearing my welcome out," I had better bring my scrawl to a close. I live far from doctors and drug stores, and twelve miles from the nearest town. Should these few pages of incongruities not find their way into the maw of that bug-bear of all scribblers—the waste-paper basket—possibly I may venture to "come again."

Vive la Clinique!

AUGUSTIN FLEMING, M. D.

McCoy, Texas.

—:O:—

The pains of approaching labor are certainly relieved by Buckley's Uterine Tonic.

The second question I cannot answer, as my bones still ache from the drubbing received when last I tackled that subject.

The treatment of the third case can only be guess-work unless an examination is made; but my guess would be, regulate the bowels by Anticonstipation granules; keep the alimentary canal clean by full doses of the sulphocarbolates, and give iron arseniate, gr. 1-67, every two hours. Treat the headaches as uricemic, by free sweating, hot mustard foot-baths, full doses of sodium bicarbonate in water, and iodoform, a granule every half hour or often-er.—ED.

POISON WORMWOOD.

Editor Alkaloidal Clinic:—Say to Query 54: After having tried "all of 'em," go back and try "Labarraque's Solution."

J. K. HILTMAN, M. D.

Oaklandon, Ind.

MEDIASTINAL PAIN. GAS FROM VAGINA.

Editor Alkaloidal Clinic:—Greetings to the CLINIC family! I have been a partner, a silent partner with brother Abbott in the CLINIC ever since the first issue—that "little one" dated January, 1894. But though the CLINIC started out as a little one it has always been such a sturdy youngster it has never much appealed to one's sympathies for aid; and so without any idea of aiding the CLINIC, but rather that it may aid me, I come with my (?).

Case I. An active and vigorous man of 35 years, in good flesh and with bodily functions normal, complains of a "hurting" in the thoracic region. It is not a pain but rather a feeling of soreness, and is central under the lower portion of the sternum. It began five months ago without any known cause. It seems to be no worse now than when first complained of. It hurts about the same all the time. It is not aggravated by the act of swallowing nor by a deep inspiration. A deep inspiration produces rather a feeling of relief for a moment. It is somewhat aggravated by pulling with the hands, even by pulling on gloves. There are no objective symptoms—no tenderness on pressure. Mr. Editor and brothers, what is the matter, and ? ? ?

Case II. Now here is one that surely is "not in the text-books." Mrs. M., a primipara, recently confined; a normal labor. After being up and around was annoyed by the frequent and audible passing of "wind" from the vagina. These gaseous explosions would occur, likely as not, when she was in company, were uncontrollable and caused her much mortification. Her husband consulted me in regard to it. It was something new to me and I didn't know nearly so much about it as I pretended. In my mind I had visions of recto-vaginal fistula and all sorts of formidable evils. I advised the husband to have his wife consult me at my office that an examination

might be made. A week or so later, on meeting the husband, he told me his wife's fears had been allayed by a number of her lady friends who had assured her that the condition was not an uncommon one.

Now, Mr. Editor, is that true? And whether common or not, what is the etiology of the condition?

I can endorse Dr. Ashford's approval—March CLINIC—of Zomakyne in Sciatica. I give 10 grains every hour for four doses or until pain is relieved. But I have feared to depend on the tablet form since a lady told me she passed the tablets undissolved in the stools. Since then I have been powdering my Zomakyne tablets and giving in capsules. Hope the Maltbie people will make a note of this matter and mend it.

J. R. LYTLE, M. D.

Rankin, Ill.

—:o:—

Case I looks to me more like an aneurism than anything else; but may be syphilis, enlarged thyroid or lymphatic glands, emphysema, mediastinal abscess or tumor, or simply a neurosis. As a chance, in the absence of definite knowledge, I would give him two scruples of sodium iodide daily, first emptying the bowels thoroughly. But try by thorough physical examination to fix the diagnosis.

Case II. The passage of gas from the vagina is not a common occurrence. If it be from a rectogenital fistula the gas would be odorous, if from decomposing matter in the uterus the odor would be fetid; if inodorous, the gas enters by the vagina. In the latter case, advise the use of wool tampons squeezed out of a resorcin solution, a drachm to eight ounces of water.—ED.

LYCOPIN.

Editor Alkaloidal Clinic:—In August, 1897, I was called to treat Mrs. M., aet. 50, for hemoptysis. The blood came in mouthfuls—mostly from a cavity in the upper part of the right lung.

I succeeded in getting the hemorrhage

under control by the use of ergot, digitalis, etc., while the hacking cough was kept under control by morphine; granules of digitalin and Dosimetric Trinity, (Burggræve) were fully used on occasion; and though no person thought she could live she is now tolerably smart.

I had read flattering reports concerning "bugle weed" in such cases, and obtained a vial of Lycopin of the A. A. Co's manufacture. She told me she could feel her lung healing up while taking it. It certainly exercised a very beneficial effect on the tubercular lung. What is the experience of other physicians in regard to Lycopin?

A. FISHER, M. D.

Amherstburg, Ont.

—:O:—

Lycopin is worth study. Will some one take it up and report?—ED.

INCURVED PENIS.

Editor Alkaloidal Clinic:—Last fall a brother practitioner handed me a copy of the CLINIC, and asked me if I had one of them. I told him I had not, but I had heard it spoken of as a good journal. He asked me to read the copy. I handed him a copy of another journal, as an act of courtesy, one I thought considerable of and gave him some of the good points in my journal, but little thinking I would read his, and that it was only one of the many advertising schemes which we meet with every day, and laid it aside. After being in the way awhile, I thought of destroying it, but I would glance over it a little to see if possible I were throwing away a good thing. After a short time I found myself becoming interested, and read the copy through, which gave me a thirst for the ALKALOIDAL CLINIC that could not be satisfied short of another copy, which I ordered at once.

Today I am a subscriber and a possessor of one of the beautiful little pocket cases of granules; though they have not entirely satisfied my thirst for Alkalometry.

Little is said in regard to the pancreas, though its functions are at least of importance equal to those organs a great deal more noticed. Why no more is said about it, and why it is less subject to disease, I would be glad to know.

A man, aged 50, married, moderately temperate with wine, little intemperate in regard to women, had gonorrhea. He came to me complaining that the penis on erection would curl under sufficiently to prevent intercourse. What is likely the trouble and what must I do with him?

A. C. BYARS, M. D.

Andrews, N. C.

—:O:—

In the CLINIC for October, 1897, Dr. Comfort gave a very neat outline of pancreatic diseases. The penis described has been deeply inflamed during the gonorrheal attacks and is distorted by inflammatory exudates. Give hydriodic acid internally and apply daily a strong ointment of mercury and iodine, well rubbed in.—ED.

PHASEPHOBIA.

Editor Alkaloidal Clinic:—Having never seen a case of this affection reported, I presume to report it and name it as well. In this psychosis the patient has a nervous dread of certain words or parts of words (sounding similar to the dreaded words). So great is this dread in some cases that I have known a patient to faint at sound of the dreaded word. The following case will express this condition better than any long-drawn explanation:

J. B. S., of strong build; nervous; bears no marked physical signs of degeneration. His affection dates from his 14th year, when as a boy he told a girl that he would "goose" her. She threatened to tell his mother; this so preyed on his mind that at the mention of the word "goose," he would be thrown into a nervous, excited condition; and any word similarly sounding would produce the same condition in him

He says that even his facial muscles would twitch at sound of the word. He went to such an absurd extent that he trembled at the word "gander".

Beginning in this way, the patient says it soon extended to other words. If he committed any offense, the mention of its name or a similarly sounding name caused him the same agonies.

After trying numerous nerve sedatives and tonics, which did little good, the patient was induced into a half hypnotic condition and it was suggested that when he listened to a conversation to imagine there was a mask before his face; this he did with considerable improvement.

I should be under obligations to any observer who will report similar cases to me or any other strange or obscure mental condition.

GABRIEL C. BOUDOUSQUIE, M. D.
Tuscaloosa, Ala.

—:o:—

A singular case, and one in which hypnotism should be of signal benefit. But what was meant by the threat to "goose" the girl?—ED.

EPILEPSY.

Editor Alkaloidal Clinic:—Katie H., ten years old, plump and rosy, the very picture of health; when eight years old she had a fever and was delirious; otherwise has had good health. Her mother is very nervous, although there is no history of epilepsy in the family. On the night of February 27, she was taken with a fit, gasped for breath, frothed at the mouth, became unconscious, skin purple. She was in this condition fifteen or twenty minutes; then color and consciousness gradually returned, so that by the time I got there she was resting pretty easy, though a little nervous. The abdomen was distended with gas but there was no tenderness. I gave calomel, gr. 1-6, every twenty minutes until two grains had been taken, followed with salts, salol and bismuth. She soon appeared

well, attended school regularly until April 3, at which time she had another attack as before, after having retired. The child seemed aware of something being wrong, as she would not go to sleep until she was allowed to get in bed with her parents. When I arrived she was about the same as the first time, only a little more nervous; the abdomen distended as before.

I expect to have her take ascending doses of potassium bromide, commencing with five grains three times a day, about a week or ten days before the next attack. I would be pleased to see an article on epilepsy from some of the "CLINIC family."

TEXAS.

—:o:—

Substitute calcium bromide, and keep the child's bowels regular.—ED.

SEMINAL EMISSIONS.

Editor Alkaloidal Clinic:—In the last CLINIC you answer my question as to the effect of castration, but scarcely give the information I desired. What I wished to know was what effect the operation would have in stopping the effects of excessive and uncontrollable emissions.

From the tone of your reply you seem to fear that some practitioner is about to mutilate a man for life for something that could be easily remedied by a properly qualified surgeon.

I will give you a history of the case: The patient at an early age contracted the habit of masturbation, which he continued until about fifteen years old when being given a very alarming account of the consequences, ceased the practice abruptly. Shortly after forming the acquaintance of a young female, he became accustomed to cause emissions by caressing and handling her (never however indulging in intercourse) and carried the practice to such an extent that the briefest caresses caused emissions. At the age of sixteen years, he left the neighborhood completely run down in health. He has practically never in-

dulged in either practice since. At the age of nineteen years he first consulted a physician. Being then in Dublin, Ireland, he placed himself under the care of Sir Patrick Hayes, one of the most eminent surgeons in Dublin. After a year's treatment he was discharged without the least perceptible benefit. Three years after, being in Omaha, Neb., he was treated in succession by three of the best known practitioners. He allowed each doctor to treat the case until he was satisfied of his inability to afford relief. Two years after, he placed himself under the care of Dr. Bransford Lewis, of St. Louis, who makes a specialty of genito-urinary diseases.

Dr. Lewis afforded him the only relief he ever obtained from treatment. For a time, by the use of local treatment to the deep urethra, he succeeded in reducing the number of emissions to three or four a week; but after a time, and while still under treatment, he would suffer from nightly emissions for three and occasionally six weeks at a period. The treatment during this period of nine years included all variety of local treatment—astrinents, electricity, applications of silver nitrate through the endoscope, washing out the bladder, introduction of sounds—in fact, everything that a man in desperation would try on an obstinate case. The various doctors seem to have started, each with some rational plan which, after repeated failures, gave way to all kinds of experiments. The internal treatment ran the gamut of tonics, phosphites, bromides, Hammond's animal extracts, etc.

The patient has never been in the hands of a quack and has a profound contempt for the gentry and their literature. He is naturally of a strong, determined character, never hysterical, but, when suffering severely, inclined to melancholia.

The number of emissions would probably average twenty to twenty-five a month. At the rate of three a week he gains strength and health steadily, but is seldom able to

hold them down to that extent. He now suffers from a mitral lesion which followed an attack of rheumatism; and when the emissions become frequent, compensation of the heart is badly interfered with.

He thinks if this terrific drain on the system could be stopped even by castration, he would enjoy fair health and a compensated heart for several years. He thinks that if castration would not have any other bad effect but the one you suggest, he would not fear that.

His habits are good; he is not addicted to liquor, tobacco or the reading of exciting literature. He has acquired a distaste and contempt for medical treatment.

On local examination I find the condition of urethra variable. Sometimes, even when suffering from constant emission, there may not be a great deal of irritation. At other times the entire tract is irritated; but this is readily amenable to local treatment, such as irrigations of potass. permanganate; distilled witch-hazel had the best effect of any local remedy, but seemed to irritate the kidneys. It was applied to the prostatic urethra, m. v—x with an Ultzman urethral syringe; applied at bedtime in this manner it seemed to have a marked effect in reducing the local congestion and diminishing the number of emissions, but even this treatment failed to keep the latter within bounds.

I am satisfied he has always coöperated with the doctor to the best of his ability.

At present he generally secures what relief he gets by arising at early hours in the morning; sometimes by staying up all night. Even then in the course of a few minutes doze, during the day, the emission generally occurs. If you care to comment further on the case I would be glad to hear from you.

A. B. C.

—:O:—

This letter shows that the case is not an ordinary one by any means, but still I cannot admit that it justifies castration. It is not shown that the case is pathological.

The diversity in regard to sexual matters between men is so great that one cannot be taken to be abnormal even if he departs widely from the average. Losses of semen are not pathological unless followed by symptoms clearly depending upon that loss, and not upon fear of it. Every physician knows the disastrous effects of spermatophobia; few of us ever see real harm done by spermatorrhea. But I have known men who could not bear more than one emission a month. On the other hand, nature evidently designed some men to fill a position analogous to that of the town bull. One man informed me that in twenty-five years of married life he had never missed having connection with his wife a night, except when she was unwell, with an extra on Sunday, and from two to three per week outside his family. And yet, this man was well and hearty, a young man for his years, with no evidence of disease, decay or lack of mental or physical vigor. These cases show how wide apart are the limits, and how difficult it is to judge of what constitutes excess.

In this case I would suggest the application of bismuth to the scrotum, with positive galvanism and euromphen-petrolatum to the prostatic urethra; hard physical labor, regular intercourse with a wife of corresponding sexual vigor, and the steady discouragement of the idea that his case is pathological.—ED. W.

A FRIENDLY CHAT.

Editor Alkaloidal Clinic:—For two hours I have been enjoying my last CLINIC, and oh, how restful! When I read the tidings from my brethren all over the land, and discover that almost all of them are singing in full chorus as to the merits and success of Dosimetric medication, I feel like joining them to swell the glad song. I think it would be capital to have a big camp meeting, attended by the great high priests of our profession; with old Father Epstein

as master of ceremonies and that venerable master of Alkalometry, Dr. Coleman, as his chief assistant; and then for a time listen to such preachers as Waugh, Abbott, Shaller, Bishop, Love, Walling, etc. It would certainly be "a feast of fat things." And then, who knows, we lesser lights could give our experiences, which doubtless would, in some instances be almost *aboriginal*! Finally wind up with a grand handshaking, and then go home to the folks wiser and better men. "*So mote it be.*"

While I am among the youngest of the Alkaloidal family, I am nevertheless old in the practice of medicine. If I live to see the first of May, I shall see the 40th anniversary of my introduction into the application of the principles and facts of the healing art. I believe I will sacrifice a cock to Æsculapius! In the years 1857 and 1858, I was a student of the old Missouri Medical College, with Joseph Nash McDowell as Professor of Surgery; John T. Hodgen in the Chair of Anatomy and Physiology; old John Moore, Practice of Medicine; John Barnes, Therapeutics; E. S. Frazier, Obstetrics; and Abner Hopton, Chemistry. That constituted the Faculty. We went to the city hospital once a week for clinical work! During the winter of 1857-8, Samuel G. Armor came among us to lecture on General Pathology, which he did about one month. He was handsome, polished, and could talk like Apollos. I think he went to Bellevue Hospital Medical College afterward. He certainly was a gifted man. When I run over the names of the faculties of our colleges now, I am made to exclaim: The medical world "*hit do move!*" All of my teachers have been dead many years—the noble and talented Hodgen being the last to join the "innumerable caravan." I have seen considerable surgical work done; but Hodgen was, by far, the finest operator I ever saw wield a surgeon's knife. He was ambidextrous. He always went around with a lot of bones in his pocket—fact! Rest? He didn't know

what rest was. He attended to his practice, which was then growing rapidly, and besides did more work than any three men in the college. In fact he almost carried its interests at that time. All honor to John T. Hodgen.

I am inclined to think Father Epstein misapprehended our much respected and admired editor, Dr. Waugh. He is too much of a gentleman and too much of a philanthropist to flout any man's religion, especially if that religion be based upon *human love*, which is man's side of Divine love. Dr. Waugh, like many of the rest of us, has his way of looking at things; and oftentimes feels just like "speaking right out in meetin'!" Remember, we be brethren; let us have charity, which is fervent love. My venerable old friend, Dr. Pack (my neighbor who first called my attention to Dosimetry), and myself believe Dr. Waugh is a grand man and a splendid medical teacher; and of course we are bound to consider him a splendid fellow and brother, and therefore must say a word in his favor. And now, Father Epstein, don't hear this: *We believe he is right.*

Here is my hand, Mr. Editor. I am very proud of the success of *our Journal*. Just think of it! 972 members, since Jan'y 1st, 1898. All honor to whom honor is due. And they are paid-up members too! If I am not one, I want to be among the "broad-minded practitioners."

Yes, that's it—"Big-dose habit." To save my soul, I cannot exactly tell why a little pill should be a little dose. To be sure, our doctrine is, "The use of small but tangible doses repeated very frequently until the physiological effect has been obtained;" but aside from that, a small pill may be a big dose. Take aconitine, or strychnine, or apomorphine, or glonoin, or pilocarpine; aren't the doses about right? And then we have the assurance that we are not likely to poison anybody; and yet we get the desired effect. Really I am astonished at the statement of Dr. J. H. C.,

it is so different from my own pleasant experience. No, No, Dr. Abbott; please continue to put up the doses just as you have been doing. And as to aconitine, with me it always succeeds; it never has disappointed me. If Dr. J. H. C. will use these medicines as Shaller teaches us, and in no other way, he will soon be educated up to believing. But I must pause, as it is midnight. Goodnight—pleasant dreams!

Z. L. SLAVENS, M. D.

Hermitage, Mo.

STRYCHNINE ARSENIATE, HYOSCYAMINE AND ERGOTIN IN LABOR. VAGINAL DOUCHES. OTITIS INTERNA.

Editor Alkaloidal Clinic :—I do not hesitate to say that the active principles are undoubtedly the therapeutic agents.



A. J. MANN.

Any physician who is humane and sympathetic is very apt to spend many moments of worry, anxiety, and mental if not bodily pain, with a patient in slow labor. There is nothing more reliable in the prodromal and first stages of labor than strychnine arseniate and hyoscyamine to establish firm contractions and also sedation of the nerves. These remedies prepare the patient for ergotin which affords a rapid expulsion of the child, insures the patient against postpartum hemorrhage by contraction of the capillaries, and facilitates delivery of the placenta. I prize ergotin very highly in obstetric practice; although the doctor who uses it is beginning to be viewed somewhat as an empiric, or a quack. But, "Be sure you are right, and then go ahead."

Vaginal washes should be used regularly, and with great care. Hot boric or carbolic solutions rarely fail to give the desired results by preventing sepsis. The physician who does not use them is cer-

tainly in the "old rut," if he has nothing else that he can claim to be of equal merit.

I find that Campho-Phenique is a fine antiseptic in general, and particularly in old sores. Hardened scabs, with pus beneath them, should be detached and the surface swabbed or washed with the Campho-Phenique, which will cause them to heal. Scars are rarely, if ever, left.

Dr. Brodnax is no doubt right in his treatment of fevers, and his reasons for using such treatment are, no doubt, just. Some readers seem to think that he treats fevers with quinine alone, while others take the right view. I think that Antikamnia and some of its combinations are great remedies, and advise their use.

For dry catarrh of the internal ear I use the following:—Extract of opium, one drachm; Listerine, one drachm; glycerin, two drachms.

M. et sig:—Five drops in the external canal of the ear, keeping it stopped with a pledget of cotton.

Keep the bowels regular with Saline Laxative and use strychnine arseniate three times a day.

A. J. MANN, M. D.

Covington, Ga.

—:O:—

We are glad if the doctor has obtained good results from the use of ergotin during labor. The general verdict is that it causes hour-glass contraction of the uterus, which means that it constricts it at Bandl's ring. This interferes with the expulsion of both child and placenta. However, if the doctor is right, let him "go ahead." He, no doubt, works upon principles which he has been able to lay down as the outcome of his own experience.

It were well if every accoucheur knew the value of strychnine arseniate and hyoscyamine in labor, and used them. There would be fewer long labors with exhausted mothers and still-born children.

The use of vaginal douches after labor is contrary to the best practice of the day,

as they are considered meddlesome and are apt to wash away the seals which nature places over the mouths of points where infection could enter in. Douches should be employed only where there is special indication for them, as putrid lochia.—Ed.

ABDOMINAL DISEASE.

Editor Alkaloidal Clinic:—A man twenty-six years old, weighing 175 lbs., a very strong teamster, contracted cold from exposure. He had been treated by various doctors for eight weeks when I was called to try my "bird-shot." He lay on his back, the abdomen much swollen, skin yellow, bowels almost completely obstructed, passing scarcely any urine; pulse, 30; temperature, 104.5°.

I gave him aconitine, digitalin and strychnine arseniate in positive doses, six sulphocarbolate tablets daily, and lithium benzoate with artificial digestants. In forty-eight hours his stomach and bowels were at work; pulse, 78; temperature, 99°. He now goes about the farm and is out of danger. Hurrah for Dosimetry!

DR. J. F. CAMPBELL.

Pine Mountain, Tenn.

—:O:—

Colonic flushing would have been a good adjuvant.—Ed.

PLACENTA PREVIA.

Editor Alkaloidal Clinic:—A lady, eight and a-half months pregnant, had been bleeding for three days, quite freely. She was a little delicate woman, weighing 104 lbs. The pulse was weak and thready.

I gave strychnine arseniate and glonoin, with ergot. Uterine hemorrhage forbade the tampon. I determined to turn and deliver, but by the time I got the feet down about all the woman's blood had run out.

Dr. Cecil should have seen this case. I had to tear away the placenta to allow the feet to pass. She died before the child was delivered.

Practising six years, this was my first placenta previa and my first woman to die in confinement.

H. H. MITCHELL, M. D.

Muldoon, Texas.

—:O:—

I do not agree with Dr. Mitchell as to the tampon. The womb after a child is born will contain enough blood to allow death from the hemorrhage, but not while the child and secundines are still in it. It is best to tampon and wait till the child's head drives out the tampon, then clap on forceps and deliver quickly; inject full doses of ergot, raise the foot of the bed and lower the head, and give a hypodermic of strychnine, gr. 1-20, repeated if necessary.—ED.

ELECTRICAL NOTES.

Editor Alkaloidal Clinic:—Dr. Holliday, page 258, April CLINIC, says that he 'had learned to estimate the skin resistance and the number of cells necessary for the required amperage—but the next time the battery was used, under precisely similar conditions, he obtained a different result, three cases suffering pain and redness, followed by a blister from the cathode. A similar result followed shortly afterwards.'



W. H. WALLING.

Will the doctor allow me to state that "precisely similar conditions" do not occur. We cannot, with any approach to accuracy, estimate the amperage from any number of cells through an unknown resistance. A millimeter should always be used.

I recall a case, illustrative of the estimate method: At a certain hospital, once upon a time, I noticed a patient holding sponge electrodes, one upon one eye, and the other at the back of the head. She said she did not seem to derive any benefit from the current.

The house doctor was asked "How many milliamperes are you giving this patient?" The answer was, "Sixty." "How many cells are in the circuit?" I understood him to say "Ten."

The following equation was then worked out for his enlightenment; assuming the resistance to be 3,000 ohms, and the electromotive force to be 10 volts, it would result thus $10 \div 3,000 = .003$, or three milliamperes. Upon testing his battery, using the same electrodes as were applied to the patient, it was found that there was no current flow whatever, the copper plates of the sponge-covered electrodes being so corroded as to prevent all action.

Without a reliable meter in the current, all galvanic applications are made by guess, as there is no reliable basis upon which to form an estimate. This is necessarily so, as there are so many factors entering into the problem; the conditions of the battery vary; so does the resistance of the patient, who may be in a perspiration with the pores open, or he may have taken cold and the pores be closed; the skin may be more oily at one time than at another, or he may have been using something on the skin that would increase resistance. There are other factors, but these will sufficiently illustrate the subject.

In the November, 1897, CLINIC, Dr. Epstein asks regarding electrolysis for a case of "Induration of the Penis." I would not advise the use of the electrolytic needle in such a case, until other electrical treatment had been faithfully tried.

The editor's suggestion as to the use of mercury by cataphoresis is good, only I would use the mercury on the positive pole. The use of the positive current, both galvanic and faradic, might be found to be sufficient, with an occasional dose of the mercury.

There seems to be a peculiar effect of the positive current seen upon tumors. They are concentrated and grow smaller. This seems to be due to the lessening of

the caliber of the blood-vessels, and the consequent lessened nutrition.

So-called cancers are cured in this way, and are reported as genuine cases removed without operation.

W. H. WALLING, M. D.

Philadelphia, Pa.

AIR IN THE UTERUS.

Editor Alkaloidal Clinic:—In April's CLINIC, p. 218, Dr. Abbott speaks of using the knee-chest position for replacing a prolapsed funis, and of being tempted to apply the forceps in that position. The application might be easy for the accoucheur, but there may be risks for the child. Years ago I was attending a twin confinement. Baby No. 1 made her appearance in due form, after a rather hard labor; and baby No. 2 was lodged obliquely, with cord prolapsed. I placed the mother in the knee-chest position to facilitate replacement of the prolapsed cord and aid in version.

The abdomen after delivery of the first child was very much relaxed and pendulous. On introducing my hand into the vagina the mass, womb and child, fell suddenly upward and forward, followed by a rush of air into the cavity making a sound sufficient to alarm the mother, to say the least. The cord was replaced by the falling back of the child. Version was easily accomplished; and a dead child was delivered, the mother in the recumbent position, in a very short time. The child was alive when my hand was first introduced into the vagina.

I believe the rush of air into the womb, coming in contact with the child, caused an attempt at respiration and resulted in drowning or asphyxiating it *in utero*. The inflow of air into the uterus was a very natural result of the manipulation of the mother, but was an unexpected one to myself at the time. I do not think there would be the likelihood of this result following in case of single conception, when

the womb would be tight about the body of the child. But in the operation of version or even the application of forceps, with the mother in the knee-chest position, the womb will recede somewhat and the hand or forceps blade may separate the walls of the womb from the child sufficiently to allow the entrance of air.

This position might often be used with undoubtedly great advantage in performing version were it not for the danger of admitting air to the child and exciting the respiratory effort. There should always be considered the additional danger of air entering an open vein in the uterine wall, should the placenta be partially detached, being fatal to the mother. I do not believe there is any danger in this position to mother or child in simply pushing up a prolapsed cord in case of a single child.

As it is by our reverses as much as or more than by our successes that we learn, I report the above case and make the deductions therefrom in the interest of the child unborn—the only being in danger of asphyxiation by fresh air. D. W. L.

—:o:—

How about Cecil's aerial expulsion method?—ED.

NOTES, AND A LITTLE CLINIC.

Editor Alkaloidal Clinic:—I have just finished reading the April CLINIC and wish to refer to a few things therein.

First, Dr. Crothers, page 206, should not forget the power of alcohol to oxidize itself in the system, thereby reducing fever or heat, and saving the oxidation of tissue; *e. g.* in typhoid fever, pneumonia, etc.; but it must be administered a drachm every 30 minutes till the temperature is reduced to 101° F. or 102° F., and the skin is moist and soft. This is the only way to arrive at the dose of alcohol; I give it till you get its effects, and any mother that can read a thermometer and has the sense of touch can tell when this effect is

reached. This is almost specific medication in these cases and has no ill-result following. After you get this result you may administer a stimulant and discontinue the alcohol till it's again indicated. The stimulant prevents any depression following. Try this, Doctor, it's a fact. I did not read of it, but have used it for several years. You may combine (without affecting the heart) a small dose of aconite with each dose with the desired result. Do not tell your patient to use a pint or a quart (as the case may be) of whiskey today or in the next 24 hours, but give as above. (Good whiskey is preferred to alcohol.)

Page 219, Dr. Ritter. "But I do object to the elevation of suggestion into an exclusive system. It is like luck, a good thing when you have done all else," etc.

Right here, Mr. Editor, is your mistake; this valuable aid should not be left till all else has been done, because by this time your patient has lost all confidence in you and in all medicine. You should take up suggestion with your first treatment. It is a valuable adjunct to your medicine; like this, "Here, Mr. Jones, take these little granules. They will correct your trouble by the 5th or 10th; or by Monday or to-morrow at any event, you will feel much improved. Call again." Ninety-nine out of 100 will report better at the proper time if you have intelligently prescribed.

In the case of the drunkard, Mr. Editor, page 221, your advice to this man is nothing else but suggestive therapeutics. You make this man believe that the power is within himself to do these things.

Again, page 244, Dr. Newell's case: The turpentine killed the worms and his patient obtained his tonic treatment for his impotence from the doctor's suggestions, and the worms passing, impressed his patient with what his doctor had said about curing him. See?

Also, page 245, in regard to the case of

headache; it is not necessary to comment on this, only, nothing "else" was used but water.

Page 233, Dr. Reagan, typhoid fever. After making diagnosis, instead of giving 10 grains of calomel, Doctor, would it not have been better to give one or one-half grain every one or two hours till the bowels were cleansed? And then I would use calomel from 1 to 3 times a day through the course of the disease for its antiseptic powers, and to keep up the glandular secretions. See report of forty cases by myself, *Medical World*, Vol. XV, No. 11, page 450. The calomel keeps the liver active and its secretions are antiseptic and assist digestion, absorption and assimilation; a good medicine, Doctor, in typhoid fever.

Page 239, "Big-Dose Habit." This is to be yet solved with me. I've been using the alkaloidal treatment some, but am not ready to express my opinion. More than this, the little granules have done me good work, but I give them in greater numbers and at longer intervals. I do not want to annoy my patient so often by dosing. The editor says: "Administer every fifteen to thirty minutes till desired result is obtained." Doctor, we cannot do this; it would require from one to four hours with each patient, and we country doctors have too much to do, as a general thing, and the average housewife or mother knows nothing about when the desired effect is reached. Yet young in medicine, as well as years, the more I study the greater I feel the responsibility, and the harder it is to keep my heart from turning back to "Dixie," or the old worn and tried remedies of our forefathers, calomel, quinine, opium and whiskey. There is so much substitution with the newer remedies; still it does look rational that if we could get the genuine alkaloids, medication would be more certain.

A case: Mrs. B. had had a lacerated cervix uteri, bilateral, for fifteen years. Her condition was as is common with those cases, and she had been driven to

the morphine habit, of which she had been a victim for ten years, of late using both morphine and whiskey. I assured her that I could relieve her of her disease and morphine and whiskey habit, but it would require an operation. She had confidence in me, and after six weeks' treatment with tonics, and that appropriate for cystitis, I operated upon this lady and she has never used a dose of either of the drugs since.

What did it? Suggestive therapeutics and the operation. But the operation within itself could not have relieved her so soon, because within six hours she expressed herself as being cured, and she was. Her age was forty-four years, mother of several children. She was a terror to the family and her neighbors before operation, but now her home is pleasant.

Another case: A lady suffering from acute bronchial catarrh, fever and headache, vomiting, took a tablet of cocaine, 2 28-100 grains, thinking it a tablet of codeine. I saw her forty minutes later. She was in a state of repose, or ease, sweating, stomach quiet, head easy, temperature 99° , pulse 80, full and steady. I gave her 1-30 gr. strychnine and a toddy, and remained with her one hour longer. The lady was up next day.

A young lady, seventeen years old, was confined to her bed, with a fractured tibia. I told her mother to give her a big spoonful of salts that night, and instead she gave her a big spoonful of acetanilid. The mistake was discovered at once, and she was drenched with hot, strong coffee. I saw her one hour and forty minutes later. She was blue as indigo, sub-normal temperature, skin cold and clammy, heart steady, fully 85 per minute. I gave her an injection of atropine and strychnine, and let her sip toddy *ad lib.* After an hour the temperature was normal, pulse 80, surface warm; next day still blue, otherwise normal.

I report the last two cases as they are out of the ordinary category of over-dosing;

but the effects of the drugs were evident. In giving drugs we should in all cases push them until their effect is manifest, be it by small and frequently repeated or by large doses. Of course most of us prefer the small doses, where the disturbances do not overbalance the good derived.

In regard to the above cases: I am sure the lady who took the cocaine was much benefited, and the result would not have been different had I not seen her or her mistake not been discovered; and I believe the result with the latter, would have been as it was. She did not obtain any benefit from the acetanilid; still I did, in the way of knowledge. The acetanilid was a good article, also the cocaine, and neither of the ladies addicted to their use. I do not hesitate to give 1-2 gr. cocaine now where it is indicated.

E. E. GUINN, M. D.

Jacksonville, Texas.

—:O:—

My advice was not to wait until everything else had failed before employing suggestion, but to use it in addition to attending to the duties presented by the case. In auto-toxicemic headache, clean out the bowels and use hypnotism; but do not hypnotize and neglect the bowels.

Dr. Guinn's objections to small and frequent dosage for effect are not well taken. Nobody expects the doctor to stay till the medicine has done its work. If you cannot trust the nurse to give Defervescents till the fever breaks, no more can you trust her to give big doses of veratrum or acetanilid. And if the patient is ill enough to require medicine of that sort, she is too ill to be left alone. For chronic diseases it is different; but even here the constant medication by small doses will often do more than a sudden flood of medicine rarely repeated. By the former you keep up a gentle but constant stimulation of the bodily functions whose duty it is to remove the products of disease and restore

the injured parts. By the latter you may imitate the ape, who dashed out his master's brains with a stone, trying to kill a fly.—Ed.

PHTHISIS.

Editor Alkaloidal Clinic:—I desire to consult you in reference to a case which I believe to be phthisis in the first stage, the upper lobe or apex of right lung being the part involved.

Young lady, Miss C., 17 years old. One year ago she was a bright, lively, sprightly girl. The 18th of February, 1897, her father died suddenly and she has never fully rallied from the shock. She entered school the 15th of last September and soon caught a severe cold. Household remedies were used with but partial success. She remained in school until November 10. Her appetite gradually failed her, she lost weight and color, and while at school complained of being always cold. She developed a slight hacking cough which has continued to the present.

Her mother brought her to my office January 19, 1898.

Her general appearance was pale, listless, anemic. She is and was nervous, depressed and low spirited.

Her appetite at above date was reported poor, bowels regular, and later examination of 24 hours' urine indicated normal action of kidneys. Menstruation normal. Her mother said she seemed to be feverish in afternoon. I prescribed nerve and blood tonics and requested that a thermometer be secured and temperature for different times of day noted.

This was neglected for some ten days, when her brother secured a thermometer and reported that fever ranged from 101° to 102°, there being but slight difference between morning and evening temperature. I also at that time, February 3, learned that she would feel feverish at about 11 p. m. This condition would gradually pass away and patient would perspire,

not a cold but a warm perspiration and limited chiefly to hands and face. At about 4 a. m. each day a chill occurred. These chills were becoming worse, but under treatment they are now very slight.

The above symptoms aroused my suspicions and I insisted on an immediate, thorough physical examination.

I called at her home the fifth inst., and will here give result of physical examination:

Inspection:—Right clavicle quite prominent, much more so than left. Less movement or expansion at apex of right lung than that of left. Scapulæ are "winged." Lower part of sternum depressed. The costal cartilages are prominent.

Palpation:—Vocal fremitus at apex of right lung more exaggerated than should be in normal state; also defective expansion in comparison with other side.

Percussion:—Dullness more marked than normal, above and immediately below the right clavicle.

Auscultation:—The only symptom of importance was feeble breath sounds. There being only a slight hacking cough and no expectoration; or, in other words, no bronchitis being present, no rales were heard. Neither did coughing produce any.

At the time of the above examination, 1 p. m., I found a temperature of 103° and pulse 142. The temperature before active treatment was commenced ranged between 103° and 104.25° between 2 and 6 a. m. and almost as high between 2 and 6 p. m. It seemed to be highest at 4 a. m. and 4 p. m., about one-half degree higher in a. m. than in p. m., with slight remissions between times.

I will now give treatment and results secured up to date, February 26.

February 5, prescribed Dosimetric trinity, No. 1, to be given as needed for the fever. As the fever held its own, changed to Defervescent Comp., No. 1, one every hour or as needed; Nuclein tab. (Aulde), two every two hours; strychnine hypophos., one

granule every two hours; iron phosphate, one granule, and quassin, four granules, before each meal; W-A Intestinal Antiseptic, two tablets one-half hour after regular meals and at bed time, dissolved in wine-glassful of hot water.

When the above treatment was ordered, the patient's appetite was practically nil and she was in bed most of the time. This line of treatment was followed for about one week, but with little change for the better. I then ordered the following treatment, which has been continued until the present or for about two weeks:

Treatment:—For fever she has received each day carbonate of guaiacol, gr. ix, and piperazin, gr. vi; more than the above disagrees with the stomach; iron iodide, one granule four times a day; strychnine ars., gr. 1-30, and iron ars., gr. 1-8, one of each before each meal and at bed-time; quassin, three before each meal; W-A Intestinal Antiseptic same as ordered at first.

The above is the full treatment except podophyllin, which was given twice for sluggish liver.

Since commencing above treatment her appetite has improved considerably but is not yet as good as it should be. Her appearance is better, she is stronger and feels much better and brighter than two weeks ago. Temperature ranges from 100.5° to 102° F., the latter mark being reached in the early morning and afternoon.

In your "Brief Therapeutics," which little book, by the way, I highly prize, you recommend Nuclein hypodermically instead of per os. What is your advice in this case? You also speak of antiseptic inhalations. What would you recommend and how given?

I would be glad to have Dr. Waugh's advice on this case. How shall I feed the patient? How create a better appetite? What is best medicinal treatment? Is my diagnosis correct? etc.

I forgot to say that on the 20th inst. I made a microscopical examination of her blood. I found about half of the red corpuscles normal in shape but smaller in size than normal. One-half of the corpuscles were crenated, wrinkled, etc. Leucocytes seemed to be a scarce article, as not one was seen in the three fields examined. I took blood from radial side of forearm.

There is a history of one uncle and two aunts victims of phthisis.

ELMER GRANT PAXTON, M. D.

Rochester, N. Y.

—O:—

The diagnosis should be confirmed by the microscope. That is why we organized the CLINIC laboratory, for unless you know what you are treating you cannot judge of your remedies. Better not give iron, but substitute iodoform, ten grains a day, with seven minims of Nuclein (Aulde), hypodermically, once a day. Feed her on pickled meats, fruit-juices, raw eggs, milk, oysters and rice. With perfect intestinal asepsis the appetite will take care of itself.—ED.

NOTES ON APRIL CLINIC.

Editor Alkaloidal Clinic:—Each number of your handsome journal is as full of information as is an egg of meat—practical information, too, that an ordinary practitioner can follow. That's what makes the CLINIC so popular.

In the April number I was much interested in Dr. Bishop's article on diseases of the nose, throat and ear. For acute rhinitis and some forms of catarh I have been very successful with a combination like this: Potassium chlorate, gr. v; cocaine, gr. iij; acid carbolic, gtt. ij; glycerin and water, equal parts to make one ounce. Finally add tincture of iron, gtt. v to x. Use with atomizer one or two times daily as needed. There can be no objection to the cocaine in this compound, as a very small quantity is applied at a sitting, and

it has a very happy effect on the mucous membrane. Much relief is experienced and no evil effects apparent in several years' experimentation with the combination.

One of the best applications in cases of children suffering from irritation of the mucous membrane of the nasal passages is Listerine, one-sixth to one-fourth part in water. Use with hand atomizer once daily, or as often as needed to keep the passages clean. Listerine is one of the very few patent, secret, or so-called proprietary remedies that I use or recommend.

Aristol (Therapeutic Notes, p. 260) is stated to be a mixture of iodoform, boric acid, etc. Not so. Aristol is properly an iodide of thymol, and is made by adding a solution of iodine in potassic iodide to an alkaline solution of thymol. It contains less than fifty per cent of iodine, less than half that of iodoform, and in my experience does not by any means equal iodoform in therapeutic value. Like a good many pretentious, so-called elegant remedies, it is christened with a fanciful name when its own proper name is simple and descriptive, and would suit it better.

Here is a simple remedy for backache following fevers and arising from various causes:—Fl. ext. hydrangea, spt. ether. nit., equal parts. Give a teaspoonful every two to four hours. It cannot be depended upon in sciatica and some forms of uterine misplacement, but in other cases is an efficient remedy.

I am beginning to catch on to the alkaloidal plan. The convenience of at once prescribing and dispensing is the great point in its favor. Cautiously I began at first, but the further I go the better I like the plan.

The case you published for me, p. 180, has recovered and the lady returned to her usual labors. An occasional set-back is corrected by a judicious use of the granules.

I was much interested in Dr. Neiswanger's article in the March number, on treat-

ment of disease by static electricity. I hope to hear more of his practical experience in this line, making some efforts in that direction myself.

J. L. CUNNINGHAM, M. D.
Houston, Tex.

VISKOLEIN.

Editor Alkaloidal Clinic.—I have only used Viskolein when I was afraid other treatment would fail. The price forbids a general use by me. (It is cheaper now.) I have just discharged two cases which I am satisfied would have passed to "the bourne from which no traveler returns," had it not been for the persistent use of Viskolein.

Case 1. A middle-aged man, whom I first saw four days after he was taken sick. I diagnosed the case as malarial pneumonia. Temperature 103°, pulse 130, respiration 28.

Treatment: Saline Laxative (Abbott's); Viskolein powder, ten grains every two hours for the first three hours, and then every three hours; hypodermic injections of the Viskolein solution every twelve hours. This treatment was continued for twenty-four hours; then I ordered Viskolein powder every four hours, and gave a hypodermic every two hours as before, with Abbott's Saline Laxative every twenty-four hours, and strychnine arseniate, gr. 1-134, three granules every two hours. On the third day the patient was able to sit up.

Case 2. A young man about twenty years old. Congestion of stomach and bowels. First seen on third day of attack; pulse 140 and weak; temperature 104.5°; bowels tympanitic and very sore. Treatment: Calo-bismuth, gr. v, every hour until bowels moved; and Viskolein powder, gr. x, every three hours, with hypodermic injection of the solution every twelve hours. Result, patient convalescing in thirty-six hours.

In these two cases I have only given the leading or prominent symptoms, but

have given my treatment in full, except that in case two I gave, after the first twelve hours, granules of strychnine arseniate and atropine.

I believe we have in the Viskolein treatment almost a specific for jugulating fevers.

H. B. AKINS, M. D.

Ava, Arkansas.

HOW I CAME TO BE CONVERTED TO ALKALOIDAL MEDICATION.

Editor Alkaloidal Clinic:—I subscribed for the CLINIC and got the premium case. After examining it suspiciously, I threw it aside, considered it another humbug, vowing by all that was good and great I would never use them. It knocked all my theology into a cocked hat. Had Dr. Abbott heard me he would have concluded that there was another doctor who would in the future be associated with the rich man who begged of Lazarus a drop of water. The case lay there for weeks and weeks; I would look it over occasionally, read the directions, only to throw it aside with disgust and each time become more and more eloquent in profanity.

But, alas! One day Mrs. S. came in with a child having a tussle with summer diarrhea. Now, Mr. S. had been owing me for years, and no money, or remuneration of any kind. So, mentally I resolved to put her up something cheap and at the same time that would do no good, so that Mrs. S. would try another disciple of Æsculapius the next day; and in looking over my stock my eye fell upon the little case.

I was tickled. Now I have it! I put her up a three ounce vial of water, with granules of zinc sulphocarbolate and codeine, according to Abbott's directions; told Mrs. S. how to give it; and not wishing the "kid" to suffer or die, I told her if it was not better in the morning to let me know, feeling confident she would make her next visit to another doctor.

Some three days later Mr. S. called;

said his wife agreed to report sooner, but as the child was well they did not suppose I cared; and that Mrs. S. said that was the best medicine she had ever used. "Just a few doses cured it, and you can bet your stuffing she will come to you when any of the children get sick." So I was fooled in the granules, and in not getting rid of the family.

Months later I was treating a case of pneumonia with the old-time remedies; the pulse kept up too high; one night I left some veratrine granules with directions to the husband when the pulse was up to give them every hour. Next morning Mr. G. said that, "That stuff is a daisy; I can tell the difference every time I give a dose, and you must keep me supplied," which I did, only to gratify his desires. Fooled again on the granules! I could not believe it was in them, but it was.

A man was sick, the wife worn out and under the weather, the baby cross, peevish and crying all the time; extra worry to the mother. One night I said, "Let me give you something for the baby to make it rest; that will relieve you of half your troubles." Without any faith I dissolved ten granules of "Anodyne for Infants," in ten teaspoonfuls of water: dose, a teaspoonful every twenty minutes.

Upon my return next morning, I was anxious to know about the baby, but dared not inquire. But it came out this way: "Doctor, I feel like hugging you for what you did for my baby. Last night, I gave it two doses and it has been happy ever since." Fooled again on the granules!

Then I began to think and think seriously; not about the hugging, but about the granules; and began using them, got more of them, and a larger pocket-case. It is the best thing I have struck in fifteen years of practice.

Keep your shirt on. I have something else to tell you. A professional friend called one day, and the following ensued: "Doctor," said I, "have you read up or

used any of the alkaloidal medications?" "No, they are no good; they do not amount to anything; there is nothing in them." I saw he would laugh at me if I told him I was using them, so I let the subject drop as I was not well enough posted on *granulation* to sustain my side.

A few months later I saw this doctor again. "Doctor," said I, "I have been trying the Alkaloidal Medication." "The h——l you have! I thought you had more sense." "Hold on, Doctor, will you do me a favor?" "Most certainly" (after some confab not necessary here). I put him up about 100 granules of aconitine and glonoin, with instructions when and how to use them, and not to be used on a patient out in the country, but on one he could see any hour.

The next time I met him he said he had used my pills as directed, "and what then is your opinion?" "Why what can it be? Why, Doctor," said he, "we are ten years behind the times." Said I, "No sir. I will not stand that. I am only eight. I have been using them for two years." "Ha! Ha! Ha!" He got his plethoric abdomen across the back of a chair and laughed as only a fat man can. "Well," he says, "I want Abbott's address. I want some of these goods." At this date he has them and a nice pocket-case, and says they are a "Joe dandy."

Later, I was treating a puny child teething; had bad diarrhea from measles. We thought we would lose her; called counsel, decided upon the aforesaid. I told him I was using alkaloidal medication exclusively and was getting afraid. He said, "Stick to the alkaloidal system. You know more about it than I do; I have nothing that will compare with it, and I cannot help you with this child; stick to her, Doctor, you may win." I did, and now we have a fat, black-eyed tot.

Hold on! I will soon quit. I thought I would get another convert when Dr. C. came in. I introduced the granules. He bucked

and kicked as only an Oregon bronco can buck and kick. No, he did not know. He did not want to know. He took no stock in any new-fangled toggeries. Said I ought to know better, and that we old cocks were in a rut and we had our remedies tested from time immemorial, and did not want to get out of the old well-worn rut to jump back every time we got into a pinch. So I thought, "You can stay in the rut; you are joined to your idols and I will let you alone."

Would you give him up?

J. W. B.

Oregon.

—:o:—

No; I would just beat him out of his boots with the aid of the granules. These things in time regulate themselves.—Ed.

MORTON'S FLUID.

Editor Alkaloidal Clinic:—This fluid is composed of iodine, gr. x; potassium iodide, one drachm; glycerin, one ounce. It has been recommended for injection into the sac of spina bifida.

C. E. IDE, M. D.

Chicago.

AUTO-TOXEMIA.

Editor Alkaloidal Clinic:—In reading my first CLINIC, of April, I see that in query No. 97, is described a case.

I suffered for three years with a like disease, tried all remedies advised, which were many, and as a last resort, was told to use Carlsbad salts. Before using one bottle entirely I was relieved of my malady, and have had no return since. Prior to this I had to resort to chloroform by inhalation to get relief, the pain at times was so acute. I tried morphine by the mouth, which seemed only to augment the trouble, as it always had the contrary effect, producing violent pains in the small intestines.

As I have never seen Carlsbad salts prescribed for such cases, or advocated in any of my dental or medical journals, I

write my experience with it, hoping it may be of benefit to some one suffering like myself. Give it to your readers.

S. E. JONES, D.D.S.
Houston, Tex.

—:O:—

When the true extent of auto-toxemia and its far-reaching effects are understood, look out for a new school of practice based upon Saline Laxative and Intestinal Antiseptics.—ED.

FOR ITCHING PILES.

Editor Alkaloidal Clinic:—Mix three parts petrolatum with one part of Tyree's Antiseptic compound, and apply as needed.

N. H. WHEELER, M. D.
Oaxaca, Mexico.

THERAPEUTIC NOTES.

Trout weighing four pounds each are caught in Traverse Bay.

A bunch of ducks sailed about Traverse during our recent visit, looking for a man with a gun; but not finding him, flew over to Wisconsin.

The Illinois State Medical Society meets at Galesburg, May 17 to 19. The meeting is expected to be of unusual value, and we hope to meet many of our friends there.

Pike weighing twenty pounds each are caught in Traverse Bay. The methods are primitive, however, and a man who really knows how to fish for pike could give the natives some much-needed instruction.

It is a question if the vegetable cathartics should not be prepared with ox-gall as an excipient, since most of them require bile to develop their cathartic properties. The addition could easily be made without materially increasing the size of the granules.

Hay Fever has been successfully treated by strychnine arseniate, pushed to the production of full constitutional effects. Petoskey is the favorite resort in the West for the members of the Hay Fever Association, and here one may find delightful company during the months when the golden rod is in bloom.

Plethoric men of active intellect but sedentary as to exercise do badly without a full meat diet, and worse with it. On low diet of vegetables alone they become languid and weak physically, torpid mentally; on a full meat diet they become uricemic or the victims of constipation, hemorrhoids, pruritus and auto-toxemia. There is no remedy except a change of the habits and the use of an amount of active exercise to be regulated by the effect.

The Chicago Eye, Ear, Nose and Throat College has sprung at once into favor, and even in the short time since its doors opened it has attracted a large class of students and an enormous attendance of patients at its clinics. This phenomenal success is attributable to the care exercised in selecting a faculty of capable men, and in fitting out the school with the most approved modern apparatus, regardless of expense, and to the exceptional ability shown by the management.

The Illinois State Board of Health has decided that students cannot go directly from a summer medical college into a winter one, or *vice versa*, thus attending two terms without intermission, receiving credit for both terms within one year. This decision strongly favors the Illinois Medical College, some of whose students have gone for their third term to the winter schools, thus graduating six months sooner than they would at the summer school. By the recent decision these students will not be allowed to graduate in this manner.

CONDENSED QUERIES ANSWERED

The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th, will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

Query 106. ENDOMETRITIS, retroflexion and slight laceration of the cervix. The usual symptoms in exaggerated degree; dragging pains, palpitation, pain

in top and back of head, nervousness, morbid fears, etc.; appetite is good; bowels regular; urine normal. I have used applications of tincture of iodine and carbolic acid, hot water injections externally and internally, and have given viburnum, bromides, valerian, tonics, etc., without success. Finally I curetted the uterus, which relieved her for several months, but the trouble has returned. Now you advocate a new method of treatment, at least it is new to me, and if you will outline a course of treatment for this case I shall be under everlasting obligation to you.

W. C. C., Mo.

The symptoms you describe are not all due to the uterine lesions. Some may be reflex with their source in the uterus or its neighborhood. Some are certainly due to anemia. Besides this your patient is suffering from toxemia. The dragging pains in the back and in the top of the head are due to the uterine trouble. The palpitation and pain in the back of the head are probably due to anemia with auto-intoxication. The nervousness, sleeplessness and morbid fears are due to the latter together with the nervous depression. We are not of the opinion that one gets many reflex symptoms from a slight laceration of the cervix.

For the retroflexion, keep the rectum thoroughly emptied with the Anti-constipation granules and Saline Laxative. Every day put the woman in the knee-chest position and let air into the vagina with a speculum of some sort. Put your forefinger into the rectum and push the uterus as far forward as you can possibly reach. Previous to doing this the woman had better take an enema for the purpose of cleansing the rectum. This should be

done daily. If you cannot do it for her every day, have her insert a cylindrical speculum into her vagina and then get into the knee-chest position herself. For the anemia and toxemia, administer Nuclein (Aulde) in tablets and iron arseniate granules, gr. 1-6, one of the former every four hours and one of the latter after each meal; use Buckley's Uterine Tonic, every three hours. Continue until the symptoms are considerably ameliorated and then let up on it.

Many times where there is a daily movement from the bowels, on examining the rectum and sigmoid flexure under an anesthetic, you will find them loaded with hard masses of feces around which the daily movements have passed. Part of the toxemia may be a sapremia resulting from the absorption of the products of inflammation from the interior of the uterus. Endometritis is easily cured by injecting into the uterus a little eupephen, mixed with fluid petrolatum. Please try these suggestions and report to the CLINIC.—ED.

Query 107. DOSAGE.—I have been trying to understand the administration of the granules. I have Waugh's little red book and Shaller's Guide, also the CLINIC. The therapeutic application is no trouble, but the number of granules to be given at one time. I understand that each granule represents the minimum adult dose and that they are to be given every fifteen, twenty or thirty minutes until the physiologic effect is produced. But I find that in the case of one granule one is given at a time; in another two, three, four, etc. How do we know that more than one should be given together? Is that merely arbitrary, or is there some rule by which one can always tell how many are to be given at each dose?

J. B. H., S. C.

Your understanding of the dosage of the granule is practically correct, but

all rules have their exceptions. Some for convenience are made even smaller than minimum adult dosage. It is necessary to exercise judgment in the application of alkaloidal remedies as well as others; and while the granule selected for a certain case may be made in minimum dosage, the condition may be such in a case at hand that it is more desirable to give several at a time. One certainly must know what he desires to accomplish, and, having selected what he deems best fitted to accomplish his purpose, give it in the shortest and quickest way possible until the desired effect is produced.

There is no standard by which one can know beforehand just how much drug to give; otherwise medicine could be practised by rule, and there would be no occasion for giving the practitioner years of careful, painstaking teaching to fit him for his work.

Alkaloidal granules are just a keen-edged, sure shot means in the hands of the physician of doing more good than he can in any other way.—ED.

Query 108. KINDLY inform me in the medicinal use of Bryonia.

Some time ago I read in your journal, a report of chicken manure being used by ignorant folk. Some years ago I was called to see a young man who complained of pain in his leg. I found him with leg wrapped in a poultice of cow-manure; had been in bed two weeks. Examination proved a fibula broken about the center. His father-in-law insisted that it could not be, as George could move his foot. I convinced him at last by making him notice a difference as it was and when I had reduced the fracture.

Of course the young man made a good recovery; but to this day recovery is put down to the manure plaster. These people would be insulted if called ignorant.

A remedy constantly resorted to by a certain class for chills and fever is a half pint of urine voided by the sick man, to be drank every morning fasting. Three days' treatment settles the case. This cure was recommended to me by an old woman during the time I was in charge of a government hospital, in which several such cases were being treated.

CONSTANT READER.

Bryonia is a hydragogue cathartic, especially recommended to promote the absorption of pleuritic effusions—ED.

Query 109. I HAVE had catarrh of the stomach and bowels, followed by nervous prostration and pain in the back of the head. The failure of treatment leads me to suspect intestinal ulcers. The W-A Intestinal Antiseptics with galvanism, Bovine and a careful diet have given me considerable benefit. Can you suggest a better treatment?

H. R. B., California.

Keep the bowels clear by a daily morning dose of Saline Laxative. Take seven W-A tablets daily, and from three to ten grains of iodoform. If there is any tenesmus, wash out the bowels with hot water. When better, follow with silver oxide, gr. 1-6, and copper arsenite, gr. 1-250, four times a day.—ED.

Query 110. KINDLY suggest a treatment other than the bromides for epilepsy. Do you know of any home sanatorium or other place for incurable cases?

B. E., N. Y.

The diet should be largely vegetable; allow a small amount of meat once or twice a day. Have the patient drink plenty of water; be sure that the bowels move freely every day to avoid auto-intoxication; see that the patient exercises freely, stopping short of fatigue, in the open air, and uses two salt water baths a week, and cold sponge baths every morning on arising.

The one good method is to maintain a state of mild bromism. In order to do this we need not poison our patient with potassium. Sodium bromide is better than potassium bromide; but we do not need to use even this, for in ammonium bromide we have an agent which will produce bromism and at the same time have a stimulating rather than a depressing effect. If expense is not a consideration lithium bromide is even better than the ammonium, and strontium bromide is really the best. If we desire a change we can "switch off" on to the bromides of gold and arsenic.

Better than bromides alone is a combination of ammonium (strontium or lithium) bromide, gr. 30; antipyrin, gr. 5 or 7; and Fowler's solution, two or three drops. Now and then we must give our patient a rest from the antipyrin or we shall find him suffering from paresis of the ther-

mogenic centers. The arsenic is administered with a view to preventing the skin eruption and also as a general alterative. When we desire to make a change from the above combination it is well to substitute Arsenauero for a time, beginning with five drops on arising and on retiring, gradually increasing the dose to ten drops.

Bromides should be invariably administered in plenty of water, on an empty stomach, at the moment of getting out of bed and on getting into it again.

Since you are a New Yorker we would call your attention to the Craig colony for epileptics in your State. There are also a good many private hospitals which receive such cases. These advertise freely in the various medical journals.

In cases of epilepsy in children, Daniel's tincture of *passiflora incarnata* is an excellent substitute for the bromides, provided one finds that it really controls the spasms. It can be used when we wish to give a rest from the bromides.—ED.

Query 111. I WANT the most approved treatment for spina bifida in a new-born infant. Tumor size of half a large orange; about one-inch of bony structure in spinal process internal to tumor is wanting.
W. D., Michigan.

The only treatment is the injection of Morton's fluid, composed of iodine, iodide of potassium and glycerin. It is not safe to operate upon these little fellows, the subjects of this congenital deformity; for if the tumor is opened and the cerebrospinal fluid escapes they die, generally within twenty-four hours. Simply inject Morton's fluid into the tumor with a hypodermic syringe. The tumor will shrink. Keep watch of it and repeat the injections according to your own judgment.* If the tumor is small it may not be necessary to repeat at all; however, use good judgment, stick to the case, be fearless in making the injections and rest assured that you are doing the very best thing which has ever been discovered for this trouble.—ED.

Query 112. LADY, thirty-eight years old, eight years ago had hypertrophy of the liver, though there is no enlargement now. She suffers with constipation and a very tender place to the right of, and about two inches beneath, the umbilicus; the pain increases the longer the bowels are inactive; there also is retroversion of the uterus. There is no accumulation of feces in the rectum. After active purgation she was quite sore across the abdomen just beneath the floating ribs.
A. N., Texas.

Sacculated scybala in the transverse colon. Give calomel, gr. 1-6, every hour for six doses; follow with an ounce of castor oil and thirty drops of turpentine, using a full colonic flushing with warm flaxseed tea. Then keep the bowels free by the Anticonstipation granules and promote healing of the ulcers by giving one to three granules of iodoform and a W-A Intestinal Antiseptic tablet six times a day.

But first replace the womb and if necessary dilate the anal sphincter.—ED.

Query 113. CHRONIC ECZEMA—Lady aet 72. She has been a sufferer for years with chronic eczema, especially of feet and hands. For the past year a peculiar circumscribed eruption appears, mostly on the arms, simulating urticaria. It becomes very red, and finally runs into desquamation. But now she suffers with very sore mouth, tongue, inside of cheeks and fauces. Small bullae appear—burst and leave a very sore ulcerated spot—seem to disappear for a few days, when again the same occurs. It seems to act as *pemphigus vulgaris* has in my experience done externally. What can I do to cure her?
Success to the CLINIC. It is always in my sight first and last on my desk.
W. G. M., Pa.

For the chronic eczema of the hands the best thing to do is to keep water away from them. White rubber gloves should be worn as much as possible and always when necessary to work in water. For cleansing the hands, they should be rubbed well with petrolatum and wiped dry with a towel. Under the gloves there should be applied once a day Unguentine, well rubbed in. For the feet, keep water away, cleansing them as the hands. An excellent treatment, is Unna's dressing. Of this a well fitting stocking can be made which will produce a curative effect upon the eczema. This will cure chronic eczema. We know whereof we speak. The bullous eruption on the inside of the mouth will probably

disappear if the nervous system is "toned up" sufficiently. Be sure that the bowels move freely every day, and administer Nuclein, two tablets, four times a day; strychnine arseniate, gr. 1-30, and quinine arseniate, gr. 2-67, before each meal. After each meal administer iron arseniate, gr. 1-6. Continue to keep the mouth perfectly clean with Listerine, one part; water, seven parts. If bullæ on the exterior of the body rupture, dust them with Campho-Phenique powder.—Ed.

Query 114. PATIENT, aged 45; had typhoid fever last December; sick 28 days, the last week had pain and tenderness inner side of left thigh, no swelling; after he got upon his feet, severe pain in calf of same leg, then leg and thigh swelled. Now after four weeks or more it swells during the day; during night nearly gone except in foot and ankle. The pain seems to be in the bones of leg and foot, none in the thigh; skin over the foot, ankle and up the leg is reddish and the blood seems to be just under skin and as you pass your finger over the skin a white line follows finger but the blood quickly returns.

J. D. M., Iowa.

Phlebitis. Support the affected leg with a flannel bandage or with Unna's dressing. Keep the bowels clean and open, and tone up the man vigorously, with good food, good hygienic surroundings, and strychnine arseniate, gr. 1-30, Nuclein (Aulde), three tablets, and the tincture of iron, twenty drops, three or more times daily.—Ed.

Query 115. A WOMAN, aged 47, had colic every few months. A month ago she began to pass casts of the bowels, without pain or fever. Some relief follows the use of enemas containing zinc sulphocarbonate and white pinus Canadensis. What treatment would you advise?

T. D., Oregon.

Give silver oxide, gr. 1-6, every two hours, with iodoform, gr. 1-3; and after washing out the bowel, use an enema of a half pint of water containing five grains of silver nitrate. Follow this with an enema containing table salt, to neutralize the silver and wash it out. Repeat every other day for a month.—Ed.

Query 116. RHEUMATISM.—What is the alkaloidal treatment?

C. L. S., Texas.

Podophyllin and Saline Laxative to clear the bowels; W-A Intestinal Antiseptics to

prevent lactic acid decomposition; aconitine for fever; lithium benzoate for acid urine; break the force of the attack by large enough doses of sodium carbonate (up to an ounce daily), or salicylate (up to two drachms daily), and follow with the above and such other remedies as may be indicated.—Ed.

Query 117. I am 51, have had heart-pains for 17 years, with tumultuous action when nervous or after strong coffee; throbbing in the ears on lying down; hands swollen and puffy; asthmatic seizures in warm weather, with dry cough; menses still regular; winter cough; feet used to swell, but not of late years; urine sometimes abundant and clear, at other times scanty.

H. T., Idaho.

Hypertrophy of the heart, probably attending cirrhotic nephritis. Take sodium iodide, seven grains four times a day, or iodoform, three grains a day; keep the bowels regular and clean; for the paroxysms employ glonoin; diet of vegetable food alone; avoid coffee, spices, alcohol, tobacco, hot soups; and use very little liquids.—Ed.

Query 118. CONTEMPLATING a journey to Honolulu, I would like to know the best remedy for leprosy?

H. C. S., California.

There is no known remedy.—Ed.

Query 119. WHAT medical treatment would be likely to prove successful in a case of exostosis of three years' standing, where the tumor still remains soft? If treatment is purely surgical, would ethyl chloride spray produce sufficient local anesthesia to dissect it out?

T. D., Virginia.

For exostosis the treatment is purely surgical. Ethyl chloride will probably produce sufficient anesthesia if the growth is very small and situated beneath the skin. If situated under mucous membrane, cocaine applied locally will be much better. If the exostosis be large, requiring much dissection, general anesthesia is necessary. If located suitably, try the effect of pressure with a soft pad and rubber bandage. Are you certain it is an exostosis, if still soft? It may be a node, or some malignant growth.—Ed.